Trained Nurse

THE OLDEST NURSING JO A

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EXCH

The AMA Settles Important Issues
page 260

Miracles For Our Time
page 267

Occupational Dermatitis
page 282

COVER PHOTO

Newly appointed officers of the ANA are L. to R.: Lucy D. Gerstain, Agnes Ohlson, Mrs. Elizabeth K. Porter, Mrs. Bethal J. McGrath and Janet Geister.

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By Alice B. Brethorst, R.N., Ph.D., Dean of the Hamline University School of Nursing, Hamline University, St. Paul, Minnesota. 362 pages, illustrated. $4.00.

Randall's Ward Administration

The administrative aspects of the head nurse's position are clearly described here. It is the author's aim to develop every member of the hospital team so that each is stimulated to give patients the best possible care. Divided into six units, the book considers: the patient who comes to the hospital for care; the physical environment of the patient; the personnel who care for the patient; basic principles of administration applying to the head nurse's situation; the head nurse's function in the hospital and the community health program; and preparation for the head nurse's position.

By Margaret Randall, R.N., M.A., Formerly Assistant Professor, Nursing Education, University of Minnesota. 324 pages, illustrated. $4.00.

Brown's Clinical Instruction

A clear-cut guide for those who are teaching bedside nursing care to student nurses, this book will serve admirably as a companion text to *Randall's Ward Administration* (described opposite). Miss Brown tells how to set up a clinical teaching program, how to guide the student in the acquisition of motor skills, how to use clinical records in teaching, how to conduct ward classes, and how to construct, use and interpret various types of examinations. Each clinical area in the hospital is considered. Special attention is given to training in the separate departments.

By Amy Frances Brown, R.N., B.Ed., M.S. in N., Assistant Professor of Medical Nursing, State University of Iowa School of Nursing. 371 pages, illustrated. $3.50.

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West Washington Square Philadelphia 5

Trained Nurse and Hospital Review

THE OLDEST NURSING JOURNAL IN AMERICA

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NEWS ABOUT NURSES

New Officers Elected by ANA

Mrs. Elizabeth K. Porter of Cleveland, Ohio, professor of nursing and director of advanced programs in nursing education at Western Reserve University, was proclaimed president of the American Nurses' Association, at the Biennial Convention.

Mrs. Porter succeeds Miss Pearl McIver of Washington, D. C., president for the last two years. Serving for the next two years with Mrs. Porter will be Miss Janet Geister of Chicago, re-elected first vice-president. Also re-elected was the second vice-president, Mrs. Bethel J. McGrath of Minneapolis. New secretary of the ANA is Miss Agnes Ohlson of Hartford. Miss Lucy D. Germain of Detroit was re-elected treasurer.

Miss Agnes Gelinas of New York was returned to office as president of the National League of Nursing Education and Miss Henrietta Doltz of Portland, Oregon, was elected as treasurer. Directors named were Miss Ruth Sleeper of Boston, Mrs. Eugenia K. Spalding of Bloomington, Ind., Mrs. R. Louise McManus of New York and Mrs. Mae O. Spiegel of Chicago. Miss Esther Lucile Brown, author of "Nursing for the Future," was made an honorary member of the league.

Miss Emilie G. Sargent of Detroit was elected president of the National Organization for Public Health Nursing. Miss Sargent, who is executive director of the Visiting Nurse Association of Detroit, will serve a two-year term of office. She succeeds Miss Ruth W. Hubbard of Philadelphia.

Miss Dorothy Wilson of New Haven, Connecticut, was elected first vice-president and Mrs. H. Stanley Johnson of Madison, Wisconsin, second vice-president.

Re-elected as treasurer was L. Meredith Maxson of New York and as secretary, Miss Anna Fillmore of New York. Miss Fillmore also is general director of NOPHN.

Thirteen new members of the board of directors also were elected. Five are nurses; the others are laymen—or general members. The new directors are: Miss Helen M. Fisher of Portland, Oregon; Miss Ruth B. Freeman, Washington, D. C.; Miss Ann Hauser, Minneapolis; Miss Ruth W. Hubbard, Philadelphia, and Miss Lucile A. Perozzi, Denver—all nurse members of NOPHN.

Also, Mrs. Edward Hamilton Bryson, Richmond, Virginia; Mrs. William Bell Cosik, Seattle; Dr. Edwin F. Daily, Washington, D. C.; Dr. Paul V. Lemkau, Baltimore; Mrs. Robert B. McIver, Jacksonville, Florida; Henry T. Moore, Saratoga Springs, New York; Dr. Ruth R. Puffer, Nashville, Tennessee, and Mrs. Edward N. Torbert, Boise, Idaho.

The following five were elected to the Nominating Committee for 1950-52: Miss Mary E. Beam, Lansdowne, Pennsylvania; Miss Gertrude M. Church, Chicago; Miss Calista L. Crown, San Francisco; Mrs. Margaret C. A. Diack, Portland, Oregon; and Mrs. Edith Wensley, Ardsley-on-Hudson, New York.

Miss Ruth Adams of Washington, D. C., deputy director of the Veterans' Administration Nursing Service, was re-elected for a second term as Chairman of the Federal Government Section of the American Nurses' Association.

Other officers elected for the next two years are as follows: Vice-Chairman—Lt. Helen M. Ely, U. S. Air Force; 2nd Vice-Chairman — Miss Louise Waagen, U. S. Public Health Service, Washington, D. C.; and Secretary—Miss Kathleen Krammes, U. S. Veterans' Administration, Washington, D. C.

Mrs. Lillian B. Patterson of Seattle, Washington, has been named for a two-year term to fill a vacancy on the Board of Directors of the American Nurses' Association, as announced by Miss Ella Best, Executive Secretary.

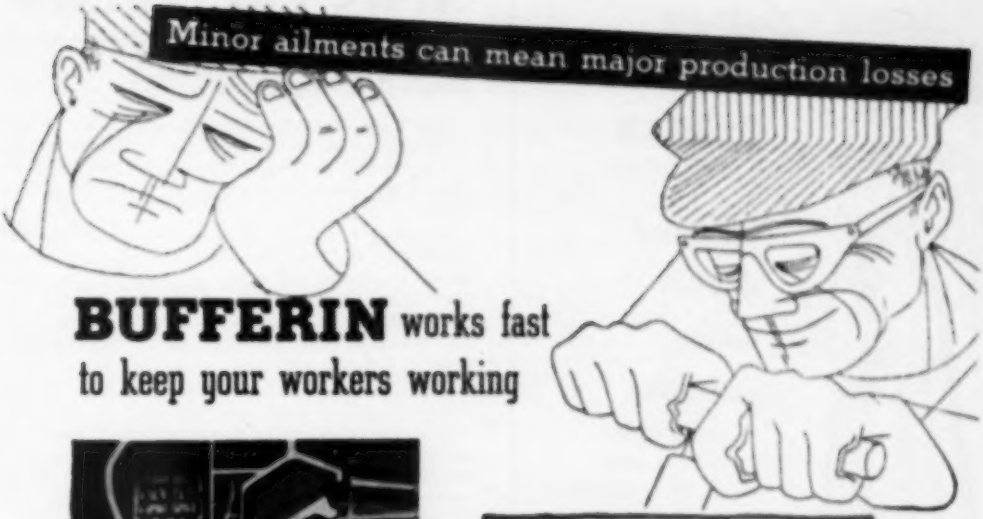
The vacancy was created by the election of Mrs. Elizabeth K. Porter of Cleveland, Ohio, to the presidency of the association which was announced on May 12th during the Biennial Nursing Convention in San Francisco, Miss Best said.

Mrs. Patterson is president of the Washington State Nurses' Association and is dean-elect of the University of Washington School of Nursing where she has been on the faculty for a number of years. She is currently in Geneva, Switzerland, as a U. S. delegate at a conference of the World Health Organization.

Hawaiian Nurses

Mrs. Mabelclaire Norman, executive secretary of the Nurses' Association, Territory of Hawaii, together with eighteen other registered nurses from the four major Hawaiian Islands, Maui, Hawaii, Kauai and Oahu, attended the Convention. Members of the visiting delegates, who handed out colorful leis at the Convention Hall every morning, were welcomed to every session.

One member of the group, Miss Agnes Peterson, left for a three months study in Denmark at conclusion of the convention.



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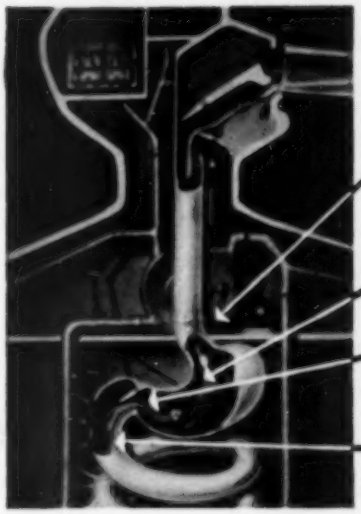

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News For Nurses

New Booklet on State Approved Schools of Nursing Is Now Available

A new national list of state-approved schools of nursing has been published by the Committee on Careers in Nursing, it is announced by Theresa I. Lynch, chairman, who is also dean of the schools of nursing at the University of Pennsylvania.

For the first time, according to Miss Lynch, this booklet combines in one publication data about types of programs in schools of nursing, nationally accredited programs and the 1949 Interim Classification which was a screening of the almost 1200 schools according to their educational practices and their subsequent placement in one of three groups—upper 25%, middle 50% and unclassified.

Copies of the booklet are being mailed to the nearly 28,000 high schools in the country by the U. S. Office of Education. The Committee on Careers in Nursing, sponsored by the six national nursing organizations, is distributing individual copies of the list to all recruitment groups, schools of nursing and hospitals which are engaged in the 1950 recruitment program to enroll 50,000 first-year students.

This new list of schools, according to Miss Lynch, is expected to serve as a guide to prospective students, their parents and counselors in selecting a school of nursing best suited to the individual applicant. The Committee on Careers in Nursing has also issued a new recruitment poster and other folders designed to interest prospective students in the career opportunities in nursing. Single copies of the school list are available free of charge; additional copies, 10c each or $7.50 per 100.

New York State R.N.'s Are Asked to Wear Insignia

The Private Duty Committee, the Committee on Personnel Practices, and the Board of Directors of District 14 have recommended that all registered nurses adopt the wearing of the "New York State Registered Nurse" insignia on the left sleeve as a part of the professional uniform.

As this notice is being written, one hospital has already put this recommendation into full effect.

It is believed that there will be less confusion in the minds of doctors who are issuing orders, patients, their friends, and co-workers when there is a distinct mark designating the Registered Professional Nurse.

NLNE Calls Your Attention to a Psychiatric Nursing Project

Under a continued grant-in-aid from the USPHS, the National League of Nursing Education in cooperation with the NOPHN is making a study to assist with the formulation of a statement of desirable qualifications for all mental hygiene and psychiatric nursing personnel.

This will aid in the determination of the qualifications of these nurses as to academic and clinical experience. Return of the completed questionnaires by April 15 was requested and it is hoped that a full report will be available by July 1.

Comments or suggestions concerning this study will be welcomed and correspondence may be addressed to Aurelie J. Nowakowski, Staff Assistant, Psychiatric Nursing Project of the National League of Nursing Education, 1790 Broadway, New York 19, New York.

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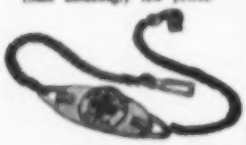

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- ☐ Caduceus Ring @ $17.00

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Announcements

An addition to the course of study of the University of Tennessee School of Nursing to enable graduates to receive a degree of bachelor of science at the end of four years has been announced by Miss Ruth Neil Murry, dean of the school.

Students who have wanted the degree have had to spend two to three years in a college of liberal arts, and then three additional years studying nursing.

Under the new plan, students will take the liberal arts

News For Nurses

course at the same time they are studying nursing.

"We are not eliminating any courses from the nursing curriculum to make this change," she said. "It is being accomplished by taking advantage of the Summer months, on our quarterly system."

The first class will begin Sept. 1, with the number of students limited to 30, she said.

Miss Murry emphasized that the additional course of study will be optional with the students.

"Students who do not want the degree can continue to take the three-year nursing course and receive the certificate of nursing, as in the past," she explained.

The Department of Nursing Education, Louisiana State University, New Orleans, is offering a course in Advanced Psychiatric Nursing for the purpose of preparing clinical nursing specialists for hospital and other community agencies and services and for first level teaching and supervisory positions.

Opportunity is provided the student to participate, according to individual need, in a directed program of activities which includes theoretical course in psychiatry, psychiatric nursing and related subjects and field experience in a psychiatric hospital, psychiatric ward in a general hospital and in a psychiatric clinic. The course extends through two semesters and the summer session, beginning with the fall semester.

The Mental Hygiene Division, Public Health Service, Federal Security Agency has made available several training stipends to be awarded on a competitive basis to graduate nurses who have demonstrated ability in psychiatric nursing and wish further preparation in this field.

For further information regarding requirements and application blanks write to the Director, Department of Nursing Education, School of Medicine, Louisiana State University, New Orleans, Louisiana.

The Department of Nursing Education of Louisiana State University, in cooperation with the Charity Hospital of Louisiana at New Orleans and the Louisiana State Department of Health, is also offering to registered graduate nurses a six-weeks' course of instruction and clinical experience in the care of premature infants. This course is designed to give graduate nurses skill and knowledge in the nursing care of the premature infant in the hospital and in the home.

In Memoriam

Miss Louise Bendl (Latrobe School of Nursing, Latrobe, Pa., 1930; B.S. Duquesne University, 1943), who was the chief, nursing service at the VA hospital, Aspinwall, Pennsylvania, died on April 12, 1950, in Pennsylvania, after an automobile accident.

Lieutenant (junior grade) Grace Elizabeth Carroll, NC, USNR (retired), died at the age of 42 at the Naval Hospital, Long Beach, California on April 12 after a prolonged illness.

Born in Pennsylvania, she graduated from the Highland School of Nursing, Oakland, California in 1943 and was employed at California Lutheran Hospital in Los Angeles prior to her entry into the Naval service.

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Announcement

With the July issue . . . the name of this publication will be changed from

Trained Nurse

to

Nursing World

Today's Magazine for Today's Nurse

•

Back in 1888 The Trained Nurse started its long career as the first magazine for nurses in America . . . For 62 years its editorial efforts have been steadfastly devoted to the activities of the nurse and the advancement of the profession . . .

Today the nursing scene has changed so dramatically, that new concepts demand a more timely and dynamic presentation of professional news and developments . . .

This need for a forward-thinking, alert journal is met with the emergence of Nursing World . . . fashioned to reflect the interests of the new-day nurse . . . a significant magazine, courageously edited, attractively designed, replete with new ideas and features to keep the nurse fully informed . . .

The management and ownership of the publication remain as heretofore.

Joseph Geiger

PUBLISHER

L to R: Miss Agnes Gelines, President of NLNE, calls for more research at the opening meeting of the 16th Biennial Convention. Shown with her is Rena Wythmons (student nurse)

The ANA Settle

Two-Organization Pl
of Ethics Adopted a

ON Sunday morning, May 7, 1950, thousands of nurses from every state and from Hawaii, Alaska, and the District of Columbia, poured into the Civic Auditorium, San Francisco, California, to go through the necessary details of registration, preparatory to launching into what became one of the most spirited meetings the ANA has ever sponsored.

To join this group were also representatives from France, England, Argentina, Austria, Japan, Denmark, Sweden, Canada, Liberia and Greece. There were approximately 600 students, the largest ever to attend a Biennial Convention.

Purpose of Meeting

The over-all topic of the Convention was "Health—A Unifying World Influence in which Nursing Accepts its Role."

Members of the three national nursing bodies, which have a combined membership of 200,000 registered nurses, traveled thousands of miles to debate, to choose, and to vote on some of the more urgent issues, all in the interest of promoting "better health care for the peoples of the world."

Chief among these were: A decision on structure, showing whether nurses will continue as members of six organizations or consolidate into one or two; a professional code of ethics for nurses; mal-practice insurance; economic security for nurses; inclusion of nursing service in prepaid health and medical care plans; training and licensure of practical nurses—a settlement of which will contribute vastly to the all-out objective "How to provide better nursing care for the American public."

These, however, were only a few of the many problems of concern to nurses, and in turn the public, that underwent discussion during the week long convention of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing.

Other issues receiving treatment at this meeting, equally important to the future of the profession and America's health, were the status of Negro nurses; admission of inactive nurses to associate membership on a national level; education and research in the various branches of nursing and participation of lay groups in solving the nation's health problems.

What Was Accomplished?

After 11 years of study and more than $90,000 of research and inquiry the American Nurses' Association voted to join the five other national nursing organizations, the National League of Nursing Education, the National Organization for Public Health Nursing, the National Association of Colored Graduate Nurses, the American Association of Industrial Nurses and the Association of Collegiate Schools of Nursing, in a two-organization plan.

Although nurses had been asked, well in advance, to study carefully the details of the proposed changes in order to be thoroughly imbued with the spirit and life of both plans, it was not easy for the voting members to decide on which organizational plan would perform most effectively the tasks that the six organizations are now performing and, at the same time, take into account which plan would best accomplish the work that needs doing but that is not now being undertaken by any existing organization.

For proponents of the 11-year old campaign to merge the six national nursing groups, victory was not easily won, however, with the private and general duty nursing sections of the ANA standing firm in opposition to the plan. This group was somewhat dubious of proposals to merge all six national nursing organizations into one or two national nursing organizations, and proposed that the convention make no change in the organization structure at this time. They feared that their interests might be submerged in a new nursing organization and that such an organization might be dominated by a vocal minority and that they might not have the benefits and representation that they now have in the ANA. But their views apparently did not influence the vote of individual private and general duty nurses, many of whom voiced approval of the two-organization plan in debates that preceded the vote.

What Does the New Plan Include?

The new two organizations will comprise a reorganized and expanded American Nurses' Association, limited to strictly professional matters with only nurses as ANA members, and a Nursing League of America, whose membership will include nurses, non-nursing agencies and schools of nursing. Broadly speaking, we will have one national group representing the membership and serving the public, the other concerning itself with nursing standards and education in the field.

Reasons for Change

Under the new two-organization plan, it is believed that the ANA will be more

Important Issues

and Professional Code
950 Biennial Meeting

by Virginia A. Turner, R.N.

L. to R: Miss Esther Poulson, Vancouver, B. C., representing the Canadian Nurses Association, and Miss Helen Petrelio, Athens, Greece, President of the Greek Nurses Assn., Chief Nurse, Ministry of Health

able to meet the increasing demands in all fields of health services and the expanded recommendations for changes in the nursing schools and nursing services by having more organization machinery, maximum support from the public together with a high-level coordination of efforts and functions, to be performed by a Joint Board.

The old set-up of individual organizations has not been able to meet the new demands of the postwar period. Even before the war, it became necessary for the six national nursing organizations to centralize and spearhead their efforts through the formation of the National Nursing Council for Defense, which in 1944 became the National Nursing Council for War Service. To this group was referred the crucial problems needing immediate and joint action, such as recruitment, procurement and assignment, and federal aid.

Second Most Important Issue

Perhaps the second item in line of importance to be discussed and settled was a 17-point code of ethics which has been under consideration for the past 25 years. Not implying that nurses have never had a professional code of ethics but this is their first written one which will offer more specific guidance. (*For full code, see page 266.*)

In close alliance with this Code, the American Nurses' Association has also worked out a program of conduct for nurses employed in institutions which become involved in strikes.

A statement of policy on this subject that was adopted recently by the ANA board of directors was revealed in a report submitted to the convention by the ANA Committee on Employment Conditions of Registered Nurses, of which Miss Shirley C. Titus of San Francisco is chairman.

The statement "covers the cases of nurses engaged in negotiations with their own employers; nurses employed in industrial plants where strikes and lockouts occur; and nurses employed in hospitals or other institutions for the care of the sick where non-nurse employees become involved in strikes or lockouts."

No-Strike Policy

For nurses negotiating with their own employers, the statement flatly says, "the ANA has endorsed a no-strike policy for the conduct of economic security programs by its constituent State Associations."

In nurse parlance, economic security stands for efforts to improve nurses' salaries and working conditions. "In addition," the statement said, "nurses, in recognition of their obligations to patients, should maintain a scrupulously neutral position in regard to labor-management relations between their employers and non-nurse employees.

Especially during any dispute which may arise, they should avoid any participation in activities designed to influence the outcome of the dispute, whether these activities are conducted by the non-nurse employees or the management.

"They should neither, as partisan to the non-nurse employees, refuse or fail to carry out their proper and necessary nursing duties; nor, as partisans of management accept the assignment of duties normally discharged by non-nurse personnel unless a clear and present danger to patients exists.

"When strikes or lockouts occur in their industrial places of employment, nurses should observe any agreements which may have been made between management and the non-nurse employee group covering the provision of nursing service during the period of such strike or lockout.

"If a strike or lockout occurs in an institution operated exclusively for the care of the sick, such as a hospital, professional nurses should abstain from participating in the dispute or in activities related to the dispute such as picketing, boycotting, strike-breaking activities, informing, partisan publicity projects, etc.

"They should not, as partisans of the non-nurse employee group, neglect their professional duties. Neither should they, as partisans of management, accept assignment as substitutes for non-nurse personnel."

Neutral Stand Recommended

"The ANA believes that the best relations among management, nurses, other employees and the public recognize that nurses by virtue of their professional obligations occupy a neutral position in management-labor disputes and should continue to perform their distinctive nursing functions during such disputes solely in fulfillment of their professional duties to the patient."

The ANA board, and the ANA Committee on Employment Conditions, heartily endorsed this pronouncement.

"The principles incorporated in the above policy for the guidance of individual nurses are equally valid for the guidance of State and district nurses'

Included in the cast were representatives of the different phases of nursing (L. to R.) Kay Woo, 1st Lt. Esther Anderson, ANC, Betty Hill and Mrs. Joyce Goodwin, University of California, School of Nursing graduates

associations," the Committee's report concluded.

The House of Delegates also adopted, on the same day, a 14-point platform to guide the organization for the next two years. The platform falls into three categories broadly aimed at "health protection for the American people," to aid "nurses to become more effective and more secure members of their profession," and to achieve "better health care for the peoples of the world."

Rejected after lively debate among the 1,395 registered delegates was a proposal to insert the word "voluntary" before the term "prepaid" in the plank which calls for promotion of "nursing in prepaid health and medical care plans," in effect maintaining the organization's neutral position in regard to health plan matters.

Also defeated by standing vote after vigorous debate was an amendment which would have deleted "group techniques including collective bargaining" in the plank on economic security aims, leaving the procedure for strengthening such programs up to the individual state nurses' associations.

Collective Bargaining Techniques

Despite protests of a number of delegates that the term "collective bargaining" is "obnoxious" and that its inclusion in the 1950-1952 ANA platform would "harm the economic security of nurses by offending hospital administrators," the ANA voted to use collective bargaining techniques as a means to secure better economic conditions and to support desirable labor legislation affecting nurses.

Several provisions of the ANA platform pledged the organization to promote federal, state and local financial aid for the improvement of schools of nursing; promote wider use by nurses themselves of voluntary insurance plans, and support the extension of Federal Social Security benefits to all nurses; to promote full participation of minority groups in association activities and to eliminate discrimination in job opportunities, salaries, and other working conditions.

Prepaid Health Plans

To strengthen the drive to include payment for special nursing services in existing medical insurance plans, the convention also adopted a resolution to "request the American Medical Association and other recognized national professional and health organizations to work with the American Nurses' Association for the inclusion of adequate nursing benefits in prepaid health and medical insurance plans.

Also covered in the new ANA platform are provisions to continue to plan with the National Security Resources Board for health care in times of emergency; to promote state licensure for all who nurse for hire; and to increase the supply of competent nursing personnel through recruitment, educational programs, counseling and placement.

In the interests of promoting "better health care for the peoples of the world," the platform pledged to promote international exchange of students and teachers of nursing; to support programs for displaced persons in the nursing profession; and to support the United Nations and its specialized agencies, particularly the World Health Organization through the International Council of Nurses.

An additional matter, that gave nurses more food for thought at this convention, was presented upon receipt of a telegram from the American Medical Association, addressed to Miss Pearl McIver, President of the ANA.

The message read: "May we urge adoption of a resolution against compulsory health insurance by your organizations now meeting in convention," signed by George F. Lull, secretary of the A.M.A. "Such a resolution would be extremely helpful and would be an outstanding addition to the list of more than 6,000 organizations on record by resolution against compulsory health insurance." In further assurance to nurses, the telegram stated that "All State Medical Associations have been advised by my office to establish committees on nursing, especially to work with State Chapters of the A.N.A. for the purpose of working toward the improvement of the status of nurses and to fight against the socialization of medicine."

Compulsory Health Insurance

The opportunity to remain an independent voice for the profession or join medical groups in their fight against compulsory health insurance brought

The Highland School of Nursing chorus provided music for the presentation of an impressive pageant, honoring the 50th anniversary of the American Journal of Nursing

about a more than lukewarm discussion among delegates.

"As nurses we neither support nor oppose compulsory health insurance," stated Mrs. Margaret Shetland, speaking for the Michigan delegates. "We are interested in securing better nursing care for the public and we will give that service by whatever means the American people wish to pay for it."

"I am also opposed to this resolution because of its political implications," stated a Montana delegate; "if the ANA approves this, pressure will be brought to bear on District and State Associations, and it will become increasingly difficult for nurses to remain out of politics."

Favors Some Health Insurance

A Negro delegate from New York pointed out that as a member of the minority group she was familiar with the problems of such groups in obtaining adequate health care and that it was her personal feeling that nurses should go on record favoring some form of federal health insurance.

Still another nurse reminded the group that a good many of the younger doctors are not in sympathy with the present methods that are being used to prevent acceptance of compulsory health insurance. "I think we should remain ready to serve any group and keep our political opinions as individuals," she explained.

"Under our code of ethics we are committed to promoting efforts to meet the health needs of the public," stressed Miss Nola Sheldon of Walla Walla, Washington. "If we should take this stand, we would cut off the ANA from participation in any plan that may come before the Federal Legislature."

A resolution proposed by a Colorado delegate in an effort to put the ANA on record in opposition to socialized medicine was tabled by majority vote. Delegates opposing the move argued that nurses should be reluctant to take action that would place their association in the role of a political pressure group. In the final analysis, the ANA voted to maintain a position of neutrality.

Another question that was aired at the San Francisco Convention was "What is a Practical Nurse?" According to the ANA the public "is just beginning to understand what is meant by a trained practical nurse." It was revealed that laws involving the training

Mrs. Ella Thompson, R.N., is shown orienting registered nurses to the need for practical nurses. Grouped around her from (L. to R.) are Edith M. Maidow, Rose W. Brown, founder of the organization, Eleanor L. Lee and Florence Alberts

and licensing of practical nurses vary from state to state, and in some 29 states practical nursing is not covered by law at all. Furthermore, the legal title used to designate a practical nurse is a matter of "state option," as stated in a report submitted by a committee representing six national nursing bodies at the Biennial Convention.

Too Many Titles

All of them mean "practical nurses," but it was pointed out that a girl taking up the vocation may find herself tagged with any one of nine different titles. It depends on where she lives.

A proposal which would further confuse the public, as well as the practical nurses themselves, was rejected when the committee disapproved suggestions that the term "practical nurse" be dropped altogether in favor of a new title such as "nursing technician."

In states requiring practical nurses to undergo training before they are granted licenses, "nine to twelve months is the most common length of course provided," the joint committee reports, "with 30 weeks being the shortest, and fifteen months the longest." Today there are "over 90 approved schools of practical nursing" scattered through the United States.

The joint committee reveals that scarcely any two schools have the same curriculum which means that the practical nurse graduates of one school are unprepared to do the work for which students of a school in a nearby state may have been trained.

Members of the committee have worked with the U. S. Office of Education on a "suggested" uniform curriculum. It is now on the press according to this report, and the U. S. Office of Education states that they have a backlog of approximately ten thousand advance orders from all over the world.

Practical Nurse associations now exist in eighteen states and the National Association for Practical Nurse Education has set up criteria by which it approves practical nursing schools in states that do not have licensing laws. Furthermore, the National Nursing Accrediting Service, a service of the six national nursing organizations, expects to include schools of practical nursing in its accrediting program in the future.

At this same meeting, the American Nurses' Association delegates settled another matter which has been vexing them for 16 years. They ended further discussion of moving ANA headquarters to Chicago by voting decisively to keep its offices in New York and instructed the ANA Board of Directors to consider buying property in New York for a permanent home. This decision was influenced by the fact that headquarters of most other members of the National Health Council and the major philanthropic foundations are maintained in New York where the ANA can conveniently work with them.

Approved by delegates at the convention, the organization's officers were instructed to proceed with plans to afford nurses financial protection against suits for negligence and other acts. This service has been available for many years to physicians, dentists, anaesthetists, X-ray technicians and others.

Malpractice Insurance Wanted

Until 1949, when the California State Nurses' Association secured liability coverage for its members, it had not been generally available to registered nurses. Today, California and Wisconsin are the only states in which such insurance is available to nurses.

Reported at the opening meeting of the American Nurses' Association advisory council during the convention, William C. Scott, legal counsel for the association, outlined details of three offers made by insurance companies that would provide voluntary liability protection for all ANA members.

A special liaison committee speaking for both white and Negro nurses reported to the Biennial that all except four state nurses' associations now take Negro professional nurses into their ranks on an equal footing with white nurses. A total of 206 qualified Negro nurses have joined the national group or were admitted to membership on a new basis during 1949, the liaison committee reported. Some of this number have been absorbed by their state organizations.

At the last convention held in Chicago in 1948, an "Individual" membership program was adopted, under the terms of which nurses excluded from state organizations were permitted, upon proving their eligibility, to affiliate directly with the American Nurses' Association, parent body of the state groups.

It is the goal of the ANA to attain full membership participation by Negro nurses in all state associations of which only four and the District of Co-

Delegates and representatives of various branches of nursing are grouped around Lt. jg. Edith M. Du Voe, U.S.N.C., who after the convention left for Honolulu to be the first Negro Navy Nurse to go over seas since Unification

The 1950 Biennial Nursing Convention was the scene of many inter-racial groups meeting to discuss the various nursing reports. Pictured is democracy at work, composed of delegates from all over the country

lumbia are still holdouts. Individual Membership has been described at best, as "a bridge on the way from exclusion to state membership." It "is not conceived as a long-term project, but as a stopgap."

Emphasizing the need for more research as a means of settling some of the issues which face nursing today, Miss Agnes Gelinas, president of the National League of Nursing Education, in delivering her annual report at the opening business meeting of the NLNE said that "increasing study of the overall education of the nurse—basic, advanced and in-service—is already being made, with the full recognition that the quality of nursing education is a basic factor in the improvement of nursing services."

She called for a "community of purpose" to streamline the country's nursing organizations and coordinate their efforts in the improvement of standards of education and practice.

Nurses representing many foreign countries attended the 1950 Biennial Convention. (L. to R.) Miana Elloc Moore, Liberia; Margaret Brookbank, England; Gunnar Anderson, Sweden; Celestina Fl Ponte Rioja, Argentina; Helen Petralia, Greece; Ingeborg Aagard, Denmark

The Nurses Association, Territory of Hawaii, was also well represented. (L. to R.) back row: Esther Kikukawa, Flora Osaki, Clara Mitchell; front: Mrs. Mabel-claire Norman, Elizabeth Sheridan, Harriett Kawamoto and Helen Gage

"It is apparent that the time has come for organized nursing to rebuild its structure and coordinate its activities under two units," she explained.

Miss Gelinas further stated that there should be special committees and staffs to direct the work of special divisions and bureaus, whose chief concern will be the improvement of nursing education for nursing services all over the country. In noting current trends and problems in nursing, Miss Gelinas cited the following:

1. "General national interest in nursing has increased, and there is active participation in its programs by representatives of private, public, and educational agencies and institutions, as well as by public spirited citizens.

2. "The nursing profession is associated with many related organizations, and the trend toward the development of intra-professional relationships has been greatly strengthened by the joint activities of the six national nursing organizations.

3. "Nursing is developing auxiliary aids to work under competent professional nurses, and communities are using more trained practical nurses.

4. "The necessity of making a clear case that nursing is a social need before we can get more universities into another field of educational activity. Plans are going forward for a conference of nurses and responsible educators, under the auspices of the American Council on Education.

5. "There is a trend toward development of medical centers which have working relationships with community hospitals and health centers. New concepts of teamwork, prevention and rehabilitation are being developed in medical centers and surrounding communities, and studies are being promoted in the improvement of patient care."

Among the pressing needs of the profession, Miss Gelinas said, is a department or bureau of publications to publish books which will contribute to an understanding of nursing education and service, and a new headquarters for staff and equipment with adequate space for efficient operations.

Further on the subject of research, Dr. Genevieve K. Bixler, who is at present making a comprehensive report for the Kellogg Foundation involving ten university schools of nursing, urges a more scientific attack upon problems affecting nursing.

More Research Needed

Solutions of the many and diverse problems confronting the nursing profession today should be regarded as an obligation, Dr. Bixler said. Yet, at the same time these problems should be considered a challenge by all those in the nursing profession who are responsible for policy making and also by the smaller and more specialized group of research workers who are competent to undertake that systematic production and the direction of research. Unsolved problems should be carefully studied and group decisions reached only after study of complete authoritative information, Dr. Bixler explains.

She maintains that there are four issues that require study and solution:

1. "What shall be the structure of national nursing organizations?"

2. "To what extent shall persons other than nurses participate in the activities of national nursing organizations?"

5. "What should be the nature, the content and the length of programs of education for professional nursing students?"

6. "What inter-relationship among those caring for the sick should there be if differentiation of function is accepted?"

"In the evolution of national nursing organizations special interest groups have developed in sufficient numbers to occasion some dilution of energy and considerable increase in administration expense," Dr. Bixler maintained. She feels that the greatest problem was the duplication of function. "Only to the extent that the functions of national nursing organizations are clearly understood and stated will an agreed structure prove workable," Dr. Bixler concluded.

ANA To Make Hospital Survey

A step made in this direction during the convention was the adoption of a resolution empowering the ANA to make a national survey of hospital nursing personnel, to be financed by contributions from the State associations.

In appreciation of the valuable contributions made to the profession by older nurses, the question of admitting inactive nurses to associate membership on a national level, was brought up. The presentation of this subject resulted in a lively debate, with the ANA, for the first time in its history, voting to extend membership to inactive nurses.

In protesting this issue it was brought out that such an act would weaken the power of the ANA and that it would offer obstacles in the collection of dues. The proponents for associate membership in the discussion argued that it would give many elderly, retired and married nurses an opportunity to serve the nursing profession. Associate members, they pointed out, are a potential power for work in recruiting nurses, raising funds, helping in disaster relief, and doing clerical work in state and district nurses' association headquarters.

In hearing from delegates from state associations which provide associate membership, it was revealed that little difficulty had been experienced in the collection of dues from these members.

"Whether the Association knows it or not, America is becoming a nation of oldsters and the Association must recognize that fact," declared Miss Shirley C. Titus of San Francisco, executive secretary of the California State Nurses Association.

Under the terms of the bylaws as amended at that meeting, any nurse who has withdrawn from active nursing because of marriage, retirement or other cause, and who has not worked more than 30 days in the current year, is eligible for associate membership through a state nurses association.

Men nurses were also heard from at this convention. They asked for a firmer foothold in the ANA. Their spokesman, Brother Daniel Hartnett, R.N., chairman of the American Nurses Association men nurses section, recommended that more state associations set up special committees in areas where men nurses exist in considerable number and that men nurses receive more complete training and clinical experience. Both of these recommendations were adopted.

He further stated that the demand for men nurses far exceeds the supply and reported that the Committee on Careers in Nursing was planning to appeal to young men as well as young women in future recruitment campaigns.

He pointed out that only two of the 48 state nurses associations now have

(*Continued on page 291*)

A Professional Code of Ethics for Nurses

The professional code of ethics for nurses, adopted at the Biennial Convention is as follows:

1. "The fundamental responsibility of the nurse is to conserve life and to promote health.
2. "The professional nurse must not only be adequately prepared to practice but can maintain professional status only by continued reading, study, observation and investigation.
3. "When a patient requires continuous service, the nurse must remain with the patient until assured that adequate relief is available.
4. "The religious beliefs of patients must be respected.
5. "Professional nurses hold in confidence all personal information entrusted to them.
6. "A nurse recommends or gives medical treatment only in emergencies and reports such action to a physician at the earliest possible moment.
7. "The nurse is obligated to carry out the physician's orders intelligently, to avoid misunderstanding or inaccuracies by verifying orders, and to refuse to participate in unethical practices.
8. "The nurse sustains confidence in the physician and other members of the health team; incompetency or unethical conduct of associates in the health professions should be exposed, but only to the proper authority.
9. "The nurse has an obligation to give conscientious service and in return is entitled to just remuneration.
10. "A nurse accepts only such compensation as the contract, actual or implied, provides. A professional worker does not accept tips or bribes.
11. "Professional nurses do not permit their names to be used in connection with testimonials in the advertisement of products.
12. "The Golden Rule should guide the nurse in relationships with members of other professions and with nursing associates.
13. "The nurse in private life adheres to standards of personal ethics which reflect credit upon the profession.
14. "In personal conduct, professional nurses should not knowingly disregard the accepted patterns of behavior of the community in which they live and work.
15. "The nurse as a citizen understands and upholds the laws and as a professional worker is especially concerned with those laws which affect the practice of medicine and nursing.
16. "A nurse should participate and share with other citizens and health professions in promoting efforts to meet the health needs of the public—local, state, national, and international.
17. "A nurse recognizes and performs the duties of citizenship, such as voting and holding office when eligible; these duties include an appreciation of the social, economic, and political factors which develop a desirable pattern of living together in a community."

Miracles for Our Time

A Cure for Rocky Mountain Spotted Fever

by Ruth Boyer Scott, R.N.

TWO stories, the first pathetic, the second joyful, symbolize the 1948 miracle of a cure for the recently often-hopeless disease, Rocky Mountain spotted fever.

Many times in April of 1948, a young veteran, the father of three small children, picked ticks off his children and their lively dog. He knew that the bite of infected ticks caused the dreaded Rocky Mountain spotted fever, often nicknamed "tick fever." He wanted to protect his children. Late in April he felt miserable with a severe headache, muscular aches, lack of appetite, and an untimely sleepiness.

His wife looked at his flushed cheeks. "I'll check your temperature," she said, going for the thermometer.

"I'm chilly," he protested, "I couldn't have a fever." He leaned back in the chair. His wife was insistent. When she removed the thermometer, it registered 102°.

"You're going to bed," she directed, "and I'm calling the doctor."

He went to bed, his mind too dull for argument.

A few days later, with the blossoming red rash of Rocky Mountain spotted fever covering his suffering body, he was transferred to a hospital.

Before Cure Was Known

At that time, no cure was known for Rocky Mountain spotted fever. Sulfa and penicillin hadn't worked for it. Transfusions of whole blood, use of hyper-immune serum, of "paba" (para-aminobenzoic acid), of extra vitamins, and liquid proteins—these offered support to the body, but did not eliminate deaths, by controlling the germ.

To be exact, Rocky Mountain spotted fever is caused by one species of *Rickettsia*, a microscopic organism which is smaller than bacteria, but larger than a virus.

As the delirious man became weaker, friends and relatives were saying, "All we can do is pray."

Prayer for a cure would be answered, not for him, but for later sufferers from the tick fever. While the young veteran's grave was being closed, teams of doctors were pressing their research into the miraculous powers of chloromycetin, a new drug. Chloromycetin is a crystalline substance, obtained from liquid cultures of a Streptomyces, and first reported in 1947. It comes from a mold found in the soil of Venezuela. The medicine is bitter, yet it can be taken effectively by mouth.

Precious small doses of the rare new chloromycetin were found to cure three of mankind's scourges, epidemic typhus, scrub typhus and typhoid fever.

Laymen often confuse typhus and typhoid. In fact, typhoid means "typhus-like," because of the similarity of many symptoms. However, their causes are vastly different, and nurses often must explain something like this: "Typhoid fever comes from taking germs into the mouth from human excreta. People who drink infected water, or those who eat food handled by typhoid fever carriers who have not washed their hands thoroughly after going to the bathroom, may catch typhoid fever.

Cause of Typhus Fever

"Epidemic typhus fever, on the contrary, is caused by the bite of an infected louse. Where people are crowded together during war, or after floods, or in poverty areas, typhus is a constant threat. DDT kills lice, and caused a tremendous drop in the epidemic typhus fever rate. But DDT does not readily phase the wood tick or the dog tick, which carry tick fever."

Now typhus fever and Rocky Mountain spotted fever resemble each other closely enough that doctors may have difficulty deciding which disease a patient has. So what could be more logical than that as a cure for typhus that might help Rocky Mountain spotted fever patients?

A team of doctors composed of one man from the Army Medical Department Research and Graduate School in Washington, Dr. Joseph E. Smadel, and four men from the University of Maryland School of Medicine in Baltimore, Dr. Maurice C. Pincoffs, Ernest G. Guy, Leonard Lister and Theodore F. Woodward began trying the new chloromycetin for Rocky Mountain spotted fever patients. Every spring cases occur in East Coast states, so they had plenty of patients.

Rocky Mountain spotted fever really is an international problem now, which makes tick fever and tick typhus popular names for it. Since its discovery among the Indians and white settlers in the Rocky Mountain region of Montana late in the nineteenth century, it has been recognized throughout the United States, wherever ticks are found. Canada, Alaska, Brazil and Mexico have reported the disease.

Mortality Rate

The death rate varies. The high has been 80 per cent of cases dying among older men in the West. The death rate for the whole United States in 1944, '45, and '46 ran worse than one in five cases.

The research of these Baltimore doctors and the Army man brings us to the joyful story. A 23-year-old man lay at death's door. Despite all efforts of the doctors and nurses, the picture was black. The hospital contacted the National Institutes of Health, research center of the U. S. Public Health Service in Bethesda, Maryland, near Washington.

The National Institutes of Health knew about the urgent research going on in Baltimore. They asked Dr. Theodore E. Woodward of the research team to bring some of the precious scarce medicine to the man who was so near death. "We hope the medicine will cure, but we don't know," was all the doctors could promise at this time.

The man's fever began to drop. Nurses looked at the plunging graph on the fever chart, and said to each other, "It's working!" Doctors looked at the chart and examined the patient. Back of their guarded eyes, they recognized the hope in each other's minds.

In two days, the man was sitting up with a reborn interest in the world. He was out of danger. But the wonder-working medicine was still too untested for doctors to announce it to the world. Too early announcements of apparent cures have cruelly tortured many persons. Apparent cures for cancer, apparent cures for tuberculosis, then bitter disappointment.

In October of 1948, the cautious, careful, successful doctors published to the medical world their treatment of 15 cases of Rocky Mountain spotted fever, every one of whom had recovered. These seven males and eight females included both children and adults. Another new medicine produced from mold, named aureomycin, also was named as a cure for Rocky Mountain spotted fever.

Despite this success, you need to know how persons get Rocky Mountain spotted fever, and how it may be prevented.

The disease is too painful, too dangerous, to risk unnecessarily. It is too difficult to diagnose, for you to take chances you can avoid. You might be dead before authorities figured out what was wrong with you, and gave you the miracle pills.

Prevention hinges upon avoiding the bite of an infected tick. This problem has been attacked from many angles. One angle was get rid of the tick. Early efforts by the U. S. Public Health Service and the Montana State Board of Health included a project of dipping sheep every two weeks. But many animals besides sheep carry ticks. A parasite was introduced, with the hope that it would kill the ticks, but this experiment did not work.

Dr. Howard T. Ricketts, one of the pioneers in studying the problem, proved that the tick carries the disease. He contracted typhus in Mexico and died in 1910. The over-virus-size germ which causes these fevers was named Rickettsia after him.

Vaccine Discovered

Courageous scientists continued studies on the life cycle of the tick. Studies led to the preparation of a vaccine.

"The results were so good that all tick control efforts were discontinued," said Dr. Charles Armstrong, of the National Institutes of Health.

The life history of the tick begins with boy meets girl on the body of some large mammal, such as sheep. The ticks mate, and feed on the blood of their host animal. They drop to the ground, where the male dies, and the female lays 2000 to 8000 eggs. Eggs from infected ticks carry the disease to the next generation of ticks. From these eggs active larvae hatch.

In the metamorphosis from larvae to nymphae to adult ticks, two blood meals are necessary. Perhaps two out of the possible 8000 offspring survive to maturity. And not all the mature ticks are infected. To be infected, a tick must eat the blood of an infected animal, presumably a wild rodent or rabbit. The pocket gopher and the porcupine also have been under suspicion.

Since 5000 common rabbit ticks may be found on a single rabbit, and these rabbits are found in North and South America, the possibilities for spread of the disease in rabbits are huge. The snowshoe rabbits in Alaska are one of the reservoirs of the disease. One doctor noticed, "where rabbits are absent, Rocky Mountain spotted fever is absent." The ticks also can infest birds which roost on the ground, and obtain aerial transportation during the migratory seasons.

Nature of Tick

The tick is a greedy feeder. The female can eat 100 times her own weight in blood. Ticks have been kept for six years without food in the laboratory, but stay alive and ready for the first meal opportunity.

While they were studying ticks, scientists learned a valuable fact about the Rickettsiae which infect the ticks and cause the fever in humans. This practical fact is that Rickettsiae become more dangerous, the longer the tick bites.

The blood meal peps Rickettsiae up, makes them more dangerous to humans. "If an infected tick bites two persons, the second person bitten will have the more serious infection," some doctors think. This may be the reason why a father might die of the disease, while his children from whom he took the infected tick escape the illness.

Children often have the disease in a milder form than adults, and old people have the most severe cases. In dogs, the fever is so mild that it is missed unless the dog's temperature is taken. Dogs with tick fever may only be "off their feed" for a couple of days.

Two kinds of vaccine exist. The original vaccine used a preparation made from the ground-up bodies of infected ticks. The commercial vaccine is grown on egg embryos. Persons who are sensitive or allergic to eggs should not be given this commercial vaccine. Their doctors may ask the U. S. Public Health Service for some of the small supply of vaccine made from ground ticks.

"If the ground tick vaccine is safer, why isn't it used more?" one curious doctor asked Dr. Armstrong.

Dr. Armstrong answered, "The hazard of feeding the ticks — of growing the numbers required to make the vaccine —is so great that no commercial manufacturer wants to take on the job. We do it as a public service, but we know the risks we are running. Several persons died at the spotted fever laboratory before the vaccine was discovered. Several hundred runaway ticks were found under one molding in the laboratory despite precautions which were used."

In the West, Rocky Mountain spotted fever occurs more often in men who work in the fields. Everywhere, it is a disease of children and young persons who go into tick-infested brush or woods for sports, camping or vacations, and for dog lovers whose dogs bring home ticks. Cases do occur in the middle of cities. For these groups most likely to be exposed and for linesmen who are out every day in woodsy areas, vaccination is advised.

Usually three injections of vaccine are given, with the expectation that most persons develop immunity for one year. Medical opinion differs as to how often immunization should be repeated. Not enough evidence exists to prove the case. The conservative opinion is to give the complete series of three injections for three consecutive years, and hope that two injections will be enough the following year. March is a commonly recommended month for your injections, as cases begin appearing in April in many localities.

Vaccine does not give complete safety from Rocky Mountain spotted fever. Cases have been recorded in persons who have had the vaccine. Since vaccine does not give complete safety, you need to know a few facts about protecting yourself in tick areas.

Precautionary Measures

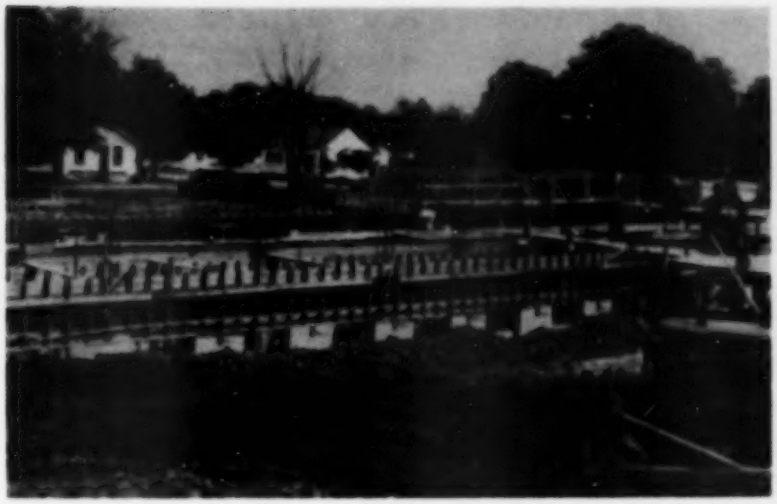
Clothing for those going into the woods may be dipped in a tick repellant, which costs about 30c to treat one garment, and will stand one laundering, or maintain its anti-tick value for several weeks wearing; slacks tucked into boots, and long-sleeved shirts cuffed at the wrists may help.

Ticks are most likely to be found along roadways or paths, where they can drop onto deer or cows. They also are found in fields, bushes and small grass. If you're removing clothes because of warm weather, or to go swimming, put your clothes where ticks are less likely to be—such as on a bare rock or clean sand. It's smart to inspect your clothes before putting them back on.

Examine yourself and any children in your care, as to person and clothing, at noon and night for ticks, when in tick areas. Ticks quite often choose the hair-line for their point of attachment. One infected tick can give a fatal case of fever. The longer a tick remains on a person, the more dangerous it becomes. Grave danger exists in removing ticks, particularly engorged ticks. If the blood from a tick is crushed on your skin, the Rickettsiae can go through your unbroken skin and cause the disease. Thoroughly wash off your skin with alcohol if you accidently crush a tick.

You should make a habit of using

(Continued on page 285)



Southeast view of the Rush County Hospital, Rushville Indiana.

THE EAST—
A Travelogue of Nursing Opportunities

THE East needs nurses for small rural clinics or skyscraper metropolitan hospitals, for industrial establishments or Atlantic Coast beach resorts. The range of opportunities is wide, although salaries are generally not exceptional.

Competition is keen for some positions; but in the East a nurse may fly quickly from any city and find rural towns where the frontiers for health have been extended under new hospital programs, or she may catch the city subway to the position of her choice.

Preceding issues of TRAINED NURSE have presented samples of employment opportunities for nurses in the West, the South, the North. Let's take a quick trip, now, through the busy eastern States.

Indiana

Northeast Indiana is good swimming country, with small lakes numerous. The shoreline on Lake Michigan is about 50 miles long. An extensive area of the State is forested.

Ethel R. Jacobs, R.N., Director, Division of Public Health Nursing with the State Board of Health, says: "Our opportunities in public health nursing in Indiana arise for the most part in rural public health nursing services.

Some of these are situated along the Ohio River where it is very scenic during the greater part of the year. Our salaries for such positions range from $250 to $300 per month.

"Our climate in Indiana is quite temperate. In winter the temperature seldom goes lower than twenty degrees above zero and in the summer the average temperature runs around eighty degrees.

County public health nursing positions in Indiana are challenging and not difficult from a physical standpoint.

Nurses serve approximately 15,000 to 20,000 population and work with part time health officers. The nurses are putting forth effort among citizen groups to stimulate interest in the establishment of full-time health departments."

At the first of the year 19 projects for hospitals or health centers were actually under construction in Indiana. New general hospitals were being built in Cannelton, population 2,240; in Columbia City, pop. 4,200; in Greenfield, pop. 4,821; in LaGrange, pop. 1,814; and in other towns with small populations. In Bedford, a city of about 12,000 a 40 bed addition to an existing hospital was underway.

The official State plan for the National Hospital Program estimated a need for about 8,000 additional general hospital beds in Indiana. Many hospitals are planned and have received approval under this program in addition to those now under construction.

Obviously, as these new facilities are completed in Indiana and in other states, nurses will find additional opportunities for service. These articles present merely a "travelogue" sampling of a few such employment possibilities. The classified section of TRAINED NURSE is a continuing source of information for nurses seeking new positions.

Maryland

"Projects which are additions to existing hospitals present employment opportunities for nurses throughout the State," says H. G. Fritz, Chief, Division of Hospitals of the State Department of Health. "In Maryland a nurse, if she wishes, may choose employment in a metropolitan area such as Baltimore or in the suburbs of Washington. If she prefers a smaller community, she may choose employment in Cumberland, Hagerstown or Salisbury. If she is interested in recreation, she can locate in Oakland or in some of the small communities on the Eastern Shore where salt water bathing, boating and fishing are available. Under our program the additions are being made to hospitals in all of the described areas."

That Eastern Shore of Maryland is farm country with all the rural aspects of a generation ago . . . winding country roads, fields and rustic homes . . . the wild geese flying overhead in good formation.

At the first of the year a new 34 bed general hospital and health center was about ninety per cent completed in Oakland, Maryland. Oakland is located in the extreme western end of the State. It is a mountainous area and presents excellent recreational opportunities.

There is a very large artificial lake which was constructed for the generation of electric power. The lake is open for fishing, boating and swimming. Numerous summer camps are located in the area. The State of Maryland operates a camp in this County. In the winter skiing and tobogganing are available.

New Jersey

New Jersey is a small but very active little State. There are forty-two schools of nursing approved by the New Jersey Board of Nursing, and these schools are, of course, connected with hospitals. In addition there are over one hundred hospitals without such schools.

Wilkie Hughes, R.N., Executive Secretary, New Jersey State Nurses' Association mentions, "Nurses in New Jersey, since it is such a small State and so close to New York, have the opportunity and privilege of the advantages offered by New York in the way of art and culture as well as education.

"This is also true of Philadelphia. Within the State itself, Seton Hall College in South Orange and Rutgers University in New Brunswick offer courses for nurses.

"I believe newcomers to the State are interested in recreational centers, such as Asbury Park and Atlantic City, and there is no doubt these centers do have an attraction."

Last October a 65-bed mental diagnostic center was completed in Menlo Park at a cost of about $1,250,000, and somewhat before that a 100-bed addition to a general hospital was finished in Neptune, New Jersey. This also cost over one million dollars.

Early this year a State mental hospital with a tuberculosis wing was nearing completion in Greystone Park, New Jersey, and construction was under way in Paramus on a chronic disease facility which will cost about $4,748,000.

These figures represent only a small part of the investment New Jersey is making in the health of its citizens, but they are impressive of the extent of the hospital program and of the increasing need for personnel skilled in the techniques of hospital care.

New York

"Considerable strides are being made toward the end that nursing education will be on a more sound scholastic basis, and the development of affiliations between the teaching institutions and hospitals of various sizes for clinical training of nurses is progressing," says John J. Bourke, M.D., Executive Director, N. Y. State Joint Hospital Survey and Planning Commission. "I know that you are familiar with the improvement secured during the postwar period with regard to more equitable salaries and better working relationships for nurses.

The Hospital Survey and Construction Act is opening up a number of interesting areas in our State, particularly rural, through the development of badly needed hospital facilities.

"With better relationships between hospitals through affiliation, the student, as well as the practicing nurse in small urban and rural areas, will find that she is not as isolated as in the past, both socially and professionally."

The roster of hospital projects actually under construction in New York State shows that ten were underway at the first of the year to cost over a million dollars each, including a $3,795,900 128-bed addition to a general hospital in Albany.

Other construction had started in Alexandria Bay, Gowanda, Greenport, Oneida, Star Lake, Riverhead, and in other New York communities.

A new 50-bed general hospital was being constructed at famous resort Lake Placid. A new cancer clinic was completed late last year in Kingston, and an addition to a general hospital in Oneonta.

Katherine E. Rehder, R.N., Executive Secretary of the New York State Nurses Association says: "New York is a large State. New York City, alone, offers so many opportunities in the way of work and advanced education.

"There are more than 150 hospitals in Greater New York City approved by the College of Surgeons, and many vacancies exist in nursing positions, particularly in the supervisory and teaching fields.

"New York City also has the advantages of having Teachers College, Columbia University, New York University, Hunter College and St. John's, Brooklyn, all located within easy traveling distance from the heart of the City. These universities offer many courses to nurses both in nursing education, administration and public health.

"New York State is also largely rural and many fine schools of nursing are to be found in what is spoken of as upstate New York. The Kellogg Foundation of Battle Creek, Michigan, has since 1946 contributed generously to the Rural Nursing Education Project, in which the schools of nursing at Hartwick College, Alfred University and Keuka College are participating.

"Grants to each of the three colleges have made possible the development of sound collegiate programs in nursing which utilize the resources of the rural community.

"Many openings for work are to be

American Red Cross Photo

A young patient recovering from a serious operation is receiving a transfusion of whole blood supplied by the American Red Cross Blood Center at Rochester, New York. He is also being given oxygen and saline.

found in public health and visiting nurse associations. These are both in rural and urban communities. New York State is also industrial and many nurses have found great satisfaction in industrial nursing."

Ohio

You may have dinner on the diner traveling through Ohio some sunny evening and look from your window upon fields of clouds slanting down to join at the horizon with the fields of grain. Like New York State, Ohio can be busily metropolitan or quietly rural.

Elizabeth P. August, R.N., General Secretary of the Ohio State Nurses' Association offers some specific information. "In Ohio the greatest need seems to be in the field of nursing education and public health nursing, and we believe that there are two major factors which have brought about this need.

"First, the western states offer a much better salary in both fields. Many of our Ohio nurses have taken post graduate courses in public health nursing and after receiving some experience in our home state have accepted positions with the U. S. Health Service as supervisors.

"In the second place, a great many of our well prepared nurse educators who have also had considerable experience in the field have gone with the Veterans Administration.

"Ohio is one of five states where there has been large numbers of nurses graduating from Accredited Schools of Nursing and due to poor personnel practice policy in some hospitals there is a continual turnover in personnel which is likewise true in the non-professional group of individuals employed.

"The Ohio State Nurses' Association has had a program to improve personnel practices and salaries and we have made considerable headway. We have not, however, been able to convince Boards of Health, County Commissioners and Hospital Superintendents in many instances of the value of stabilizing the professional nursing staff by offering at least a minimum salary as recommended by our professional nursing organization."

Personnel turnover is not confined to the profession, of course, nor is the problem Ohio's alone.

Construction had begun at the first of this year on facilities to provide about 1,200 new hospital beds, and these projects ranged from a new 380-bed Chronic Disease hospital in Cincinnati to cost about $4,700,000 to a new 24-bed general hospital in Geneva, Ohio, where the population is about 4,000.

General hospitals were also being built in Ashtabula, Bowling Green, Defiance, Upper Sandusky, Wilmington, and other communities, and 5 health centers were underway.

This dramatic scene in the operating room of the Columbus hospital, Newark, N. J., shows doctors and nurses working over week old infant, victim of the RH blood condition. The infant's entire blood supply was drained from its body and a new supply from the bottle was pumped back.

Pennsylvania

The environments for nursing service also vary immensely in different sections of Pennsylvania. In Philadelphia great industries lie along the river, and the elevated trains roar along above while surface cars and subways roll below; but in certain farming areas of the State country people not only frown upon but actually forbid through religious instructions, the excitement, the music, the "progress" of the cities.

Among job opportunities in Pennsylvania are the following:

1. Director of Nursing—205-bed clinic hospital in eastern area of the State. School of nursing for 110 students. M.A. in Nursing Education plus several years experience is desired. Ability to work with full time medical staff, maintain a good school of nursing. Salary is $4,500 plus full maintenance.
2. Operating Room Supervisor—218-bed general hospital in western area of Pennsylvania. Post Graduate course in O. R. Technic plus several years experience is desired. $2,520 to $2,760 plus full maintenance.

There are other opportunities such as the above samples, including positions for general staff nursing throughout the State at about $2,160 gross. The classified section of TRAINED NURSE often lists attractive employment possibilities.

It is up to the individual nurse to evaluate her own motivations, to make certain that she can meet the requirements of the State.

Instability of personality will not be corrected, most probably, by a mere change of scenery; but if the nurse is ambitious to improve herself and to improve the care she can give her patients, she may be able to find exactly the nursing position which will suit her own desires, and do so to the advantage of herself *and* others.

New general hospitals of less than 100 beds are under construction in Pennsylvania in Bedford, Corry, Honesdale, and Lehighton. A new 128-bed general hospital has been begun in Chambersburg, and a $2,370,000 addition and alteration to a general hospital in Harrisburg.

(Continued on page 289)

Medical Research

Refutes Idea that Alcohol Stimulates Nervous System

The idea that alcohol acts as a stimulant to the nervous system of man is no longer held in pharmacologic circles, says a medical consultant in answer to a query in the 5/18/50 issue of the *JAMA*.

"Small doses of alcohol appear to have a stimulating action by giving the drinker a feeling of well-being and increased self confidence, but unfortunately with a loss of judgment and the ability of self criticism," the consultant points out.

"The apparent stimulation is the result of the narcotic action on the inhibitions. This repressant action involves first of all the higher centers of the brain, which are responsible for acquiescence to the habits of civilization.

"The dulling of the feeling of responsibility allows the more primitive cerebral functions to dominate. The fallacy of the stimulation effect of alcohol is greatly enhanced by the drinker who is convinced that he is performing better when he is under the influence. One doctor has aptly compared this apparent stimulation to a car on a hillside. Alcohol releases the brakes but does not cause the car to run better.

"The feeling of warmth after taking alcohol is deceptive, because this feeling is associated with rapid heat loss.

The consultant cited a German researcher who referred to the manifestations usually attributed to the "stimulating effect" of alcohol as the results of a beginning paralysis of certain parts of the brain.

"In the psychic sphere, the finer grades of attention, judgment, reflection and ability to comprehend are first lost, the consultant quoted the German researcher as saying. This serves to explain the typical behavior of persons under the influence of alcoholic drinks.

"The soldier becomes more courageous since he observes the danger less, and reflects upon it less. The speaker is not tormented and influenced by the proximity of the public; he, therefore, speaks more freely and with more ambition. One's self-appraisal rises greatly. Often one is astounded at the ease with which he expresses his thoughts and with the keenness of his judgment in matters which are beyond his mental sphere when sober, and is later ashamed of this delusion.

"The drunken individual attributes to himself great muscular strength and wastes this through unaccustomed and useless exhibitions of strength without thinking of the harm which may ensue, while the sober person willingly spares his strength."

Health Inventory at 40 Helps Prevent Aging

Forty is the time to take a health inventory. At this age, the insidious, progressive disorders so significant in later years generally first become manifest, according to Dr. Edward J. Stieglitz of Washington, D. C.

Understanding of the science of aging is advancing rapidly, Dr. Stieglitz points out in a report to the American Medical Association Council on Foods and Nutrition which appears in the 4/8/50 issues of the *Journal* of the association. Workers in medicine's newest field, geriatrics, are learning more about the limitations and needs of aging men and women.

"In many respects, the two decades from 40 to 60 are the most significant," Dr. Stieglitz says. "During these years of late maturity we help to determine the future health of the aged. Geriatric medicine, to be fully effective, must be largely preventive medicine."

The actual beginnings of common disorders such as hardening of the arteries, high blood pressure and degenerative arthritis occur far earlier than do their symptoms, Dr. Stieglitz emphasizes.

"The detrimental effects of obesity in the later years of life can hardly be overemphasized," he says. "Extensive studies of the effects of abnormal weight on expected mortality in persons otherwise normal reveal that those 15 to 24 per cent overweight present a mortality of 144 per cent of that expected. Those 25 per cent or more overweight show a mortality of 174 per cent of the expected rate. In the presence of disease of the heart and blood vessels, the hazards of overweight are even more marked."

Good diet is a powerful tool for keeping healthy and vigorous in later years, according to Dr. Stieglitz. Almost all the so-called degenerative diseases have one characteristic in common: impairment of the nutrition of certain cells.

Elderly people are more likely to suffer from lack of protein than from any other deficiency, and lack of protein is a significant factor in development of tissue wastage and anemia. Loss of calcium and phosphorous apparently is a factor in the characteristic wasting away of bone seen in senile persons.

"Unfortunately, the majority of older persons dislike or resent the prescription of milk," Dr. Sieglitz says. "Milk is not only a valuable source of protein but also a major source of calcium.

"Moderate anemias are almost the rule in elderly persons. Milk is ordinarily deficient in iron. A great majority of elderly persons require supplemental administration of iron salts.

Find Ethyl Alcohol Not Suitable As Disinfectant for Wounds

Ethyl alcohol, the ordinary alcohol of commerce and pharmacy, should not be used as a disinfectant in wounds or on raw surfaces of injured areas, according to a Salt Lake City doctor who made a study of the substance.

The antibacterial action of ethyl alcohol is neutralized by proteins present in the wound, says Dr. Philip B. Price of the University of Utah College of Medicine. Dr. Price's report appears in the March issue of *Archives of Surgery*, published by the American Medical Association.

Further, the alcohol is painful, injures wound tissues and delays wound healing, Dr. Price points out.

Simple solutions of ethyl alcohol are not satisfactory agents for cold sterilization of surgical instruments, Dr. Price points out.

Seventy per cent alcohol (by weight) in water, however, is still believed to be the "solution of choice" for disinfection of the skin, he says. On healthy skin, this solution is powerfully destructive to germs and harmless to the body.

Doctors Warn Workers Handling Iodoacetic Acid

Contact with minute, subvisible particles of iodoacetic acid, such as may be spread by air currents in laboratories, can produce a skin condition and may cause serious injury of the eyes, two doctors warn in the 5/8/50 issue of the *Journal of the American Medical Association*.

The substance is a derivative of acetic acid and is being used increasingly in medical laboratories in investigation of a test for cancer.

Drs. M. D. Marcus and J. B. Frerichs of the Barnard Free Skin and Cancer Hospital, St. Louis, report two cases of skin injury from laboratory contact with iodoacetic acid.

"It has become evident that even in careful weighing, air currents in the room often transport subvisible particles, which can cause injury to the skin," the doctors point out. "It is conceivable that similar particles could cause much more serious injury in the event of contact with the cornea (external layer of the portion of the eye surrounding the pupil)."

They suggest the following precautions: (1) careful handling of the chemi-

cal, (2) prevention of air currents in the weighing room, (3) wearing of rubber gloves, which should be inspected daily for holes and tears, (4) wearing of goggles or spectacles, and (5) thorough washing of hands and exposed portions of the arms and face immediately after handling the acid.

Beware of Ticks Warns the AMA

From now throughout the summer, ticks in certain areas of the United States will carry Rocky Mountain spotted fever, says an editorial in the 4/15/50 issue of the JAMA.

The mortality of the disease throughout the nation averaged 23 per cent in 4,033 cases reported during the period 1939-1946, the editorial points out. Fortunately, two of the newer antibiotics, aureomycin and chloromycetin, give promise of being effective in treatment of Rocky Mountain spotted fever.

The important foci of the infection are Wyoming, Montana, Colorado, Virginia, Maryland and North Carolina, according to the editorial. In the West, the majority of cases appear between April and June, and in the East, during July and August. Throughout the nation, more cases occur during July than in any other month.

Many cases occur in persons seeking recreation and on vacation in rural or suburban areas, the editorial says. Rocky Mountain spotted fever is characterized by a high fever, muscle pains and a red, spotted rash. Protection against infection lies in preventing the attachment of a tick to the skin. High boots, leggings or socks worn outside the trousers hinder the tick from attaching itself to the leg. If there are no openings in the clothing, however, the tick will crawl up and attach itself on the neck.

In tick-infested country one should pass the hand frequently over the back of the neck and behind the ears to remove ticks that may not yet be attached to the skin. After becoming attached, ticks seldom transfer the infection until they have fed on the victim for several hours. Therefore, inspection of the body and clothing twice daily when in tick-infested country usually is sufficient.

A tick attached to the skin should be removed immediately and as gently as possible. If the tick is pulled off with the fingers, it should be handled with a small piece of paper and the abrasion should be touched gently with a disinfectant such as iodine or gently washed with soap and water.

Vaccines have definite protective value for a period of less than a year, the editorial says. Tourists who go to areas where the infection is present and persons who live in areas where the infection is highly virulent should be vaccinated.

Research Suggests Use of New Hormones in Rheumatoid Arthritis

Preliminary research done in California and Massachusetts suggests that hormones other than ACTH and cortisone may be found useful in treating rheumatoid arthritis.

Trial of pregnenolone, a hormone-related drug produced synthetically, against the disease is reported in two articles in recent American Medical Association publications. Lack of adequate controls for the studies, however, makes accurate evaluation of this early research impossible.

In neither study was the group of patients receiving pregnenolone compared with another group of arthritic patients who had not been given the drug.

Further, in neither study did improvement in the sedimentation rate, a blood test, parallel improvement in symptoms after administration of pregnenolone. This test is one of the most important methods of checking whether progress of the disease has been stopped. The authors of both articles emphasize the need for further study of the drug.

Research on use of pregnenolone at Stanford University Hospitals and Letterman General Hospital, San Francisco, is reported in the March issue of Archives of Internal Medicine by Drs. Roland Davison and Willard G. Snow and Peter Koets, Ph.D., of Stanford University School of Medicine, and Capt. Lyman G. Gabrielson of the U. S. Army Medical Corps.

In this study, seven patients with rheumatoid arthritis and five with spondylarthritis (a deforming disease which affects the spine) received pregnenolone. Six patients having rheumatoid arthritis showed relief of stiffness and pain, great improvement in muscle strength and loss of fatigue. This improvement, usually, occurred within a week and sometimes occurred within three or four days, the article says.

In one case of rheumatoid arthritis no improvement was observed. In the cases of spondylarthritis in which fixation was due to muscle contraction, there was increased mobility of the spine in a few days after administration of pregnenolone.

Writing in the April 15, 1950 issue of the Journal of the American Medical Association, Drs. Harry Freeman, Carroll W. Johnson, Samuel Bachrach, George E. McCabe and Harold MacGilpin, and Gregory Pincus, Sc.D., of the Worcester Foundation for Experimental Biology, Shrewsbury, Mass., and Memorial Hospital, Worcester, Mass., report administration of pregnenolone to 30 patients with rheumatoid arthritis.

Fifteen patients in this series showed a major degree of improvement consisting of decrease in pain, swelling and fatigue and increase in mobility of joints. The improvement usually was noted within a week and occasionally was noted during the second week of medication. Eleven patients showed a mild degree of improvement and four patients showed none.

Pregnenolone is one of a group of compounds known chemically as steroids. The steroids are a certain class of compounds of similar chemical structure comprising vitamin D, digitalis (widely used for heart disease), the sex hormones, the hormones of the adrenal cortex (including cortisone) and a large number of other substances.

Pregnenolone is synthesized from cholesterol, a fatlike substance found in all animal fats and oils and spinal cords. It is easily manufactured, can be taken orally and apparently is nontoxic. Its isolation from human sources has not been reported.

Several companies already have made pregnenolone generally available to doctors, according to Dr. Robert T. Stormont, Chicago, secretary of the A.M.A.'s Council on Pharmacy and Chemistry.

An editorial from the April 15 issue of the Journal of the A.M.A. follows. Rapid and dramatic remission of signs and symptoms of rheumatoid arthritis by cortisone and the adrenocorticotropic hormone, ACTH, has given the medical profession a new standard of comparison for evaluation of therapeutic agents in this disease.

Because of the scarcity of these hormones, it was inevitable that certain substitutes should be advocated as "nearly as good". Thus, recent months have seen claims advanced for pregnenolone, epinephrine, combinations of testosterone, estrogen and pregnenolone, and desoxycorticosterone acetate with ascorbic acid.

Many of these claims have been attended by flurries of favorable publicity in the lay press, which resulted in considerable pressure from the public for the use of these products by practicing physicians. This situation is unfortunate, for none of these products has produced results comparable with those obtained with cortisone and the adrenocorticotropic hormone.

Some of the newer remedies and techniques offer interesting possibilities for further study, but none is beyond the stage of experimental investigation. Until additional convincing data are forthcoming, the medical profession must advise its patients that the remedies recently proposed for arthritis cannot be placed in general use. In fact, some of the proposals eventually may be proved unsatisfactory for even restricted use.

Nurses In The News

Receives New Appointment With Bronx TB Health Committee

MRS. AUGUSTA B. KING, R.N., has recently been appointed as Executive Secretary of The Bronx Tuberculosis and Health Committee. She succeeds Miss Gladys A. Adams, who recently retired after twenty years service in this post.

Mrs. King has been affiliated with the New York Tuberculosis and Health Association since 1944 and for the past five years has been the Executive Secretary of its Staten Island Tuberculosis and Health Committee.

A native of New York City, Mrs. King is a graduate of Hunter College, the Johns Hopkins School of Nursing, and holder of graduate degrees from New York University School of Education.

She is a member of the following professional groups: American Public Health Association, Inc., National Organization for Public Health Nursing, Public Health Association of New York City, and the National Conference of Tuberculosis Secretaries.

Air Transport Industry Pays Tribute to First Flight Nurses

TO the nursing profession the air transport industry is indebted for one of its most popular features—stewardess service, which celebrated its 20th anniversary on May 15. Five thousand "sky girls" now flying the world's airlines trace their careers to eight young women who, when they went aloft in 1930 as the first air stewardesses, had the familiar R.N. after their names.

The idea was originated by Ellen Church, who studied nursing at the University of Minnesota. She was keenly interested in aviation and convinced that air travel was destined for a major role in transportation. In 1929 she joined the staff of the French Hospital in San Francisco and while there got the notion that feminine flight attendants would enhance airline service.

Miss Church unfolded her plan to S. A. Stimpson of Boeing Air Transport, a predecessor company of United Air Lines. Stimpson, now with United's Los Angeles traffic department, presented the idea to his superiors. They eyed it dubiously but after some persuasion said, "Go ahead—we'll give it a three months' try."

Recruiting at hospitals in San Francisco and Chicago, Miss Church signed up seven girls. They were all registered nurses, not only because their presence was thought to be reassuring to passengers making their first flights but, as Boeing officials said, "We want institutionally trained persons accustomed to discipline, since discipline is paramount at all times."

Miss Church, together with the other seven who joined her, had no precedent to guide them; they simply pitched in and found work to do. In contrast with the carefully circumscribed duties of today's stewardesses, they occasionally swept out cabins, lugged passengers' baggage and, in unusual cases, even helped refuel planes.

Many pilots looked upon the young women as rank interlopers. The hard-working newcomers won their respect before many flights had passed and soon were regarded as valuable members of the crew.

The common belief was that stewardess service was merely a fad but this began to fade as more and more girls were employed.

The "fad" reached the status of an established career when, in 1938, United established an "air stewardess college" at Chicago. Ten-hour courses were offered, which in those days seemed ample.

The original qualifications outlined by Ellen Church stipulated that only registered nurses could become stewardesses. This requirement was reluctantly modified during World War II. As it now stands, candidates with R.N. certificates are preferred but two years of college or one year of college plus a year's business experience will be accepted in lieu of nurses-training.

Miss Church now is director of nursing service at the Sherman Hospital, Elgin, Ill. During the war she joined the Army Nurse Corps—Air Evacuation Service. As a captain she served in Africa, Sicily and Europe, receiving the Air Medal for courage and devotion to duty. Of the seven who share with her the honor of having created a new feminine career, all are living except Alva Johnson, who was fatally injured in an auto accident several years ago.

Ellis Crawford today is a private nurse in San Francisco; Cornelia Peterman is Mrs. John Tyson of Piedmont, Calif.; Jessie Carter is Mrs. L. E. Bronson of Mineral, Calif.; Margaret Arnott is a receptionist-nurse in Del Norte, Colo.; Harriet Fry is Mrs. W. H. Wisner of

Mrs. Augusta B. King, R.N., associated with the New York TB Association for the past six years, assumes new position

The 5,000 stewardesses who fly present-day world airways owe their careers to the pioneer work of these original "sky girls," R.N.'s, hired by United Air Lines in May, 1930. Shown here are (from left) Margaret Arnott, Jessie Carter, Cornelia Peterman (seated left) Harriet Fly (seated right) Ellen Church, Alva Johnson, Inez Keller and Ella Crawford

Photo United Air Lines

Chicago, and Inez Keller is Mrs. R. J. Fuite of San Francisco.

Wilderness Nurse Alone in 7,000 Mile Territory

ONE NURSE in 7,000 square miles of rock, brush and Lake Athabaska!

That's the job to which Cherry Myrtle Pierce has just returned. The trip to her wilderness post at a hospital operated by the Saskatchewan Public Health Department at Stony Rapids is 500 miles long, mostly due north.

Canoes, not automobiles, and aircraft, not ambulances, are her transportation. Her work is to care for 1,000 Indians, Metis and whites in a stretch of Saskatchewan only 50 miles or south of the North West Territories border.

Photo Sask. Vie. Ed.

Myrtle Pierce, R.N., the only nurse in an area of 7,000 miles, shown starting her day with first aid treatment

She says the main nursing problem in her area is "time." Time means much more, she told reporters, when 500 miles of lakes, rocks and trees separates a patient from his doctor.

Nurse Pierce ministers to three main settlements—Stony Rapids, Fond du Lac and Camsell Portage. She makes her rounds like a doctor but only when a plane arrives on the regular northern run down Lake Athabaska. A doctor comes in once in three months.

Between those visits, Nurse Pierce is on her own, except for infrequent radio consultations with doctors in Prince Albert, Regina, and Fort Smith and Fort MacMurray, Alberta. She describes the symptoms, the doctor diagnoses the malady and prescribes a remedy. Miss Pierce administers the medicine.

46 Yrs. as a Nurse—Still Active at Age of 71

SEVENTY-EIGHT years ago, through the leadership of Bishop Frederic Dan Huntington, first Episcopal bishop of Central New York, the "House of The Good Shepherd" was established.

L to R: Miss Loyette Meyers, Class 1920—Miss Mildred A. Dundon, class 1912—Miss Mary E. Keefe, class 1910, Mr. Herbert Morford, Administrator, Hospital of the Good Shepherd, Miss Lena Carey, class 1904, and Mrs. Eleanor Eilenberger Lodder, class 1928. Miss Dundon and Miss Keefe private duty nursing exclusively at Good Shepherd Hospital since their graduation. Miss Meyers has been on our general duty staff since 1944

Photo Rzeszewski

Beginnings of the Hospital were in a small residence at 99 E. Fayette St. Outgrowing this in three months it was moved to Hawley Avenue.

On December 9, 1875, a new wooden building three stories high, constructed in the form of a Roman Cross, was dedicated. In 1885 the House of the Good Shepherd established a training school for nurses, the only one outside of New York City. There were six graduates in the first class.

Now, in 1950, we celebrated our anniversary very quietly by a tea given for employees, especially honoring graduates of our School of Nursing, in the newly decorated cafeteria.

Miss Lena Carey, with four other graduates of our hospital and the present Administrator, Mr. Herbert N. Morford, cut the birthday cake and served it to those attending the tea.

Miss Carey is a definite part of the Hospital of the Good Shepherd. As a matter of fact, she is the oldest graduate here and still serves the hospital faithfully. In 1901 Miss Carey began her nursing training here in the hospital, completing it in 1904. For the following eight years she did private duty work to which she gave of herself wholeheartedly.

She was a nurse first, last and always and was so dedicated to her chosen profession that she became ill for a time.

This, however, did not deter her advancement. For a period of four years she was a registered nurse at Wells College where she obtained, vicariously, some of the gaiety of life that she gave up when she entered the field of nursing.

However, the call of the Good Shepherd Hospital, her alma mater, was stronger than the desire to enjoy herself, so, in 1917 she returned "home" to serve as supervisor of two wards and to relieve in the nursing office. In 1918 Miss Carey became second assistant in the nursing office and remained in that position for a number of years.

Now, in 1950, Miss Lena Carey has reached the age of seventy-one years. Anyone coming to our hospital will see a sweet-faced, white haired lady at the Information Desk, in a crisp white uniform, who will greet you with a smile and "May I help you?" Those four words have been her motto since 1901 when she first went into nursing.

A cheerful spirit is a prime requisite for a good nurse—and Miss Lena Carey certainly can claim this. She has a fund of amusing stories and can always find the right one for the patient—young or old.

Several times she has been honored on radio programs. From the hospital she has received a diamond thirty-year service pin and a certificate from the Methodist Board of Hospitals and Homes.

Among patients whom Miss Carey numbered as her friends was Alexander Wolcott. Miss Carey's philosophy of life is one we might all try to pattern—namely, people are interesting and agreeable if one will but be the same. She has met many sick people, along with their concerned families, and always she has made new friends.

The Hospital of the Good Shepherd would not be the same without Miss Carey. "We hope to have her with us for many more years, as her loyalty means a good deal to the hospital. She is a lady always, and always a good nurse."

The Current Books

GUIDANCE

GUIDANCE SERVICES IN SMALLER SCHOOLS—by Clifford P. Froehlich, Specialist for Training Guidance Personnel. McGraw-Hill Company, New York. 1950. 346 pages. Price $3.75.

This is a simple and practical treatment of the nature of guidance services and the methods which have been used successfully for providing them in smaller schools. Guidance services are pointed out as interrelated with the other services which a school provides.

This book emphasizes the relationship of the guidance program to the curriculum of the school, to the school's public relations program, and to the full utilization by the school of the research facilities which the guidance program can render.

HISTORY (Nursing)

NURSING HISTORY IN BRIEF—by Minnie Goodnow, R. N. W. B. Saunders Company, Philadelphia. 1950. New Third Edition. 274 pages. Illustrated. Price $3.00.

Designed for a short course in nursing history, this text gives the chief events in the history of nursing, relates them in some degree to general history, and brings before the student outstanding men and women who have made or changed nursing history.

The author describes nursing methods of primitive peoples and explains the effect of the Reformation and the Deaconess Movement on early English nursing. An entire chapter is devoted to Florence Nightingale and her work. The story of nursing in America is unfolded—the various factors in its growth, its constant expansion, and today's broadening responsibilities.

Changes have been made in virtually every page and many sections have been rewritten entirely for this new edition. Some of the new topics are as follows: Care of the Sick Among Primitive Peoples; The First Hospitals; Communicable Diseases in Medieval Times; Midwifery in Medieval Times; Industrial Nursing; Geriatrics; Chronic Patients; Government Health Programs; and The International Health Organization.

HYGIENE

FUNDAMENTALS OF PERSONAL HYGIENE—by Walter W. Krueger. W. B. Saunders Company, Philadelphia. 1950. New Fifth Edition. 284 pages. Illustrated. Price $3.00.

This text presents the basic facts of personal hygiene with the following aim: to help the student formulate a rational program for daily healthful living. Throughout, the author *motivates the student* to make the necessary effort to attain a high level of health.

The *New (5th) Edition* has undergone a revision so thorough that virtually every chapter has been extensively altered.

MANUAL (Nursing Service)

NURSING SERVICE MANUAL—by a Committee of the American Hospital Association and the National League of Nursing Education. National League of Nursing Education, New York. 1950. 99 pages. Price $1.50.

A guide to be used by nursing and hospital administrators and by hospital governing boards in determining good nursing service in their own institutions. Available from the National League of Nursing Education.

MEDICINE (Legal Aspects)

GRAY'S ATTORNEYS' TEXTBOOK OF MEDICINE—by Dr. Roscoe N. Gray. Matthew Bender & Company, New York. 1950. Third Edition. Two volumes. Price $35.

A 2,250-page medical encyclopedia. A necessary guide to the correct study, investigation and trial of claims. Written for lawyers by a doctor whose experience with over 700 affiliated attorneys has given him complete understanding of what the lawyer must know about Anatomy, Personal Injury, Medicine and Surgery, Disease As Complicating Injury, Nervous and Mental Disorders, Evaluation of Disabilities, and how such information should be presented for the best legal use.

This work covers the many and varied disabilities and ailments on which damage claims can be based or on account of which damage claims may be confused.

ORTHOPEDIC NURSING

SUGGESTIONS FOR CONTENT AND INSTRUCTION IN ORTHOPEDIC NURSING—by Subcommittee of the Committee on Curriculum. National League of Nursing Education, New York. 1950. 55 pages. Price $1.50.

Describes the clinical content and learning experience through which the nurse may develop competence in the nursing care of persons with orthopedic conditions, including prevention of postural disabilities. Available from the National League of Nursing Education.

Please Note

The list presented here is compiled from all available sources in an effort to develop a complete listing of new books and pamphlets.

The descriptive statement of each book has been submitted by the publisher.

Books will be obtained for our readers. Your order must be accompanied by check or money order for the published price of the book, and addressed to Book Department, Trained Nurse, 468 Fourth Avenue, New York, N. Y.

PSYCHIATRY

NEUROLOGY AND PSYCHIATRY FOR NURSES—by Dr. Frederick Moersch. Burgess Publishing Company, Minneapolis, Minn. Revised 1946. 185 pages. Price $2.00.

Although essentially a professional text for use by student nurses, Dr. Moersch's book may well serve as an excellent and practical reference for the non-professional. It is not an exhaustive study, but rather an expanded outline. All the more important conditions are discussed with brevity and understanding and in terms of the most up-to-date concepts.

The book is divided into two parts. The first is preceded by a synopsis of neuroanatomy and deals with organic diseases of the peripheral and central nervous systems. This is illustrated by line drawings. The second part deals with psychiatry and mental hygiene after a brief historical survey.

At the end of the text are lists of references, a valuable glossary and index.

THERAPY (Occupational)

KEEPING IDLE HANDS BUSY—by Marion Rebecca Spear, O.T.R. Burgess Publishing Company, Minneapolis, Minn. 1950. 100 pages. Illustrated. Price $1.75.

This is an "encyclopedia" of craft ideas for occupational therapists. Its purpose is to stimulate creative work which utilizes items that have served out their original purpose.

This is not a "how to do it" book . . . but rather a "what to do" guide that will be very helpful to the large group of people who assist with recreational programs where materials are not plentiful.

Keeping Idle Hands Busy has useful ideas for all age groups and for all occasions.

A New Mosby Book

FOR NURSES

New Second Edition

PROFESSIONAL ADJUSTMENTS

The changes included in this edition are brought about by the social progress of the times and reflect the postwar, economic, social and professional developments of recent years.

Otherwise, the book continues in the same tenor and spirit which has proved so helpful to nurses who have used it.

The author has lived with and trained student and graduate nurses; she is intimately acquainted with their personal problems—their hopes and their doubts—and is sympathetic with their difficulties. Her experience qualifies her to deal with the subject of professional adjustment with authority.

The book has many practical recommendations for character development and sane, ethical practice in medicine and surgery. The additional illustrations in this edition are designed to emphasize the points discussed, and new budgets take into account rises in salaries and prices.

Throughout the book there is an uplifting, inspirational tone—and the nurse who puts the principles proposed into practice will have the lasting gratitude of patients and their families.

CONTENTS

Unit I—SOME GUIDING PRINCIPLES

Unit II—PROBLEMS OF PROFESSIONAL CONDUCT AND HOW TO STUDY THEM

Unit III—DEVELOPING INDIVIDUAL AND GROUP STANDARDS OF PROFESSIONAL CONDUCT

Unit IV—SOCIAL, ECONOMIC AND PROFESSIONAL OUTLOOK OF THE PROSPECTIVE GRADUATE

Unit V—CHOOSING A FIELD OF WORK AND ADJUSTING TO IT

Unit VI—PROFESSIONAL ORGANIZATIONS AND ACTIVITIES

Appendix—Suggested List of Books for a Catholic Nursing School Library

By SISTER MARY ISIDORE LENNON, R.S.M., R.N., B.S., M.A., M.S. Director of St. John's Hospital School of Nursing, 1939-45; Director of Social Service Department, St. John's Hospital, St. Louis. 364 pages, illustrated. PRICE, $3.50.

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Hospital Standards and Supplies

Results of New Tests on Sheeting For Mattress Protection

The National Bureau of Standards has just completed tests of twenty samples of sheeting, both cloth-backed and unsupported film, contributed by nine manufacturers.

These tests were undertaken in an effort to disclose the comparative values of the cloth-backed and film sheetings and to use the data in revising Commercial Standard CS114-43 to include both types.

The tests included were breaking strength, tearing strength or elongation, resistance to chemicals, tendency to crack, aging, burning time, and water penetration and vapor permeability.

Of the ten samples of coated fabrics tested five failed to meet the requirements of the Commercial Standard. The product that the Bureau has handled regularly, namely, the Hodgman Rubber Company's No. 61 "Hudson," passed the requirements in every respect.

Of the ten samples of unsupported film type only three were considered satisfactory in every respect. From the test data it is concluded that the unsupported film should be included in the Commercial Standard but some requirements may be different than for the cloth-backed materials. At the present time hospitals are buying many products of this type which are not satisfactory.

A copy of the complete report will be sent to any hospital requesting it. Included in the tests were samples of materials supplied by the following companies: B. F. Goodrich, Bakelite Corporation, Stanley Manufacturing Company, Aldan Rubber Company, U. S. Rubber Company, The Landers Corporation, Hodgman Rubber Company, Plymouth Rubber Company, and E. I. du Pont de Nemours and Company.

More on Reducing Oxygen Costs

Methods of using low cost commercial oxygen for medicinal purposes as suggested by Mr. Neal R. Johnson, Purchasing Agent of the Johns Hopkins Hospital, in *Bureau News* for January 1950 have been commented on by Mr. John H. Zenger, Superintendent of the Utah Valley Hospital, Provo, Utah. He writes:

"Several years ago we purchased a very simple attachment which connects to the large tanks and has a yoke where the small tank is fastened and then filled by simply opening the large cylinder. Previously we purchased the small cylinders through the regular supply houses, who charged us for them and so we just keep a number on hand. We have on occasion since that time had them send us a half dozen empty cylinders and we would replace them with some we had had on hand for some time so that they would get returned to the oxygen company and have their valves checked. Our storekeeper makes the transfer of oxygen from the large to the small cylinders and we have never experienced any trouble."

The Oxygen Equipment Manufacturing Company of East Norwalk, Connecticut, supplies a cylinder filling yoke which is described as "A handy instrument with which a small cylinder may be filled easily from a large cylinder of oxygen. A pressure gauge indicates the gas content of the small cylinder as filling proceeds." Price: $24.00.

Recent Information On Some New Drugs

New drugs are being developed and introduced at such a rate that we often wonder how it is possible for the medical profession to keep up with them.

Probably the most widely heralded in recent months was the hormones Compound E (Cortisone) made from the adrenal glands of butchered cattle and ACTH extracted from the pituitary glands of the brains of hogs, both of which have been so effective in bringing relief to patients with arthritis.

Now comes the announcement from the Royal Victoria Hospital in Montreal, Canada, that the ACTH hormone relieves symptoms of asthma.

It may also be effective for other types of allergic reactions such as hay fever and drug sensitivity. Also, Doctors Margolis and Caplan reported in a recent issue of the *Journal of the American Medical Association* that ACTH has been found to give quick relief to patients with gout.

ACTH and Cortisone may also prove to be helpful in the treatment of cancer. Preliminary studies made at the Sloane-Kettering Institute have been sufficiently favorable to justify further investigation.

The ravages of tuberculosis are now being halted to a greater or lesser extent by three new drugs. The oldest of these is streptomycin which is being used extensively in this country. Unfortunately, streptomycin frequently produces distressing toxicity.

A new drug, PAS (para-amino-salicylic acid), first used in Switzerland has been found to increase the effectiveness of streptomycin against TB and in some instances showed considerable therapeutic value when administered alone. When administered with streptomycin smaller doses of the latter are required and its toxic effects are reduced.

Only recently announced is a new synthetic drug called Tibione which was developed in Germany. A study of the effectiveness of the drug used in Western Germany has led to its production in this country by the Schenley Laboratories.

It is now being tested in several Veterans Hospitals and appears to be particularly effective against certain types of tuberculosis. It is not as rapid in action as streptomycin but is less toxic.

Close on the heels of the new antibiotic *aureomycin* and *chlormycetin* which were found effective against many bacteria not killed by penicillin has come *terramycin*.

Preliminary tests of this product, discovered in the Charles Pfizer laboratories, indicate that it may have a wider application than any of the other antibiotics and be effective against a greater number of virus diseases.

One of its great advantages it that its toxicity is less than for any of the new antibiotics. Terramycin is now being made generally available to physicians throughout the country.

For Your Information

Material is abstracted from research data at the Hospital Bureau of Standards and Supplies, 247 Park Avenue, New York 17, N. Y.

If you are a nurse in a nonprofit hospital which is not affiliated with the Hospital Bureau and desire more information, write to the

EDITOR OF TRAINED NURSE

660 Fourth Avenue, New York, N. Y.

Hazel H. Leedke | Marion S. Mayne | Catherine R. Dempsey | Joanna M. Johnson | Mildred E. Dunn

Introducing Industrial Nursing Advisory Board

IN our efforts to keep you informed of the latest developments in the field of Industrial Nursing, we are pleased to announce a new Advisory Editorial Board of outstanding leaders in this field to aid us in the continued development of the Industrial Nursing section of TRAINED NURSE.

Although these members of the Editorial Board are well known to members of the profession, we would like to present them formally to our readers.

With twenty-five years of Industrial Nursing experience and the past President of the American Association of Industrial Nurses, Mrs. Catherine R. Dempsey will enable us to make a vital contribution to the industrial contents of TRAINED NURSE through helping us to keep abreast with the current problems and practices in the industrial field.

A graduate of Waltham Training School for Nurses, Waltham, Massachusetts, Mrs. Dempsey has held numerous positions in the various branches of nursing ranging from special duty to top executive positions.

Chief among them are: Brooks Hospital, Brookline; Night Supervisor and Supervisor of Maternity Wing, Waltham Hospital; Consultant to Nursing Unit—U.S.P.H., Division of Industrial Hygiene; President, Alumnae Association, Waltham Training School for Nurses; President, Greater Boston Branch, Industrial Nurses; President, of the New England Industrial Nurses' Association; President, of the American Association of Industrial Nurses; Chairman, Procurement and Assignment for Nurses, Cambridge, Mass., (War period) and Chairman of the Industrial Nurses' Section of the ANA.

At present, she is the Head Nurse of the Medical Dept., Simplex Wire and Cable Co., Cambridge, Mass., and holds the following offices: Chairman, Cambridge Nursing Council; Chairman, Nursing Advisory Committee, Mass. Division of Occupational Hygiene and she also is President of the Boston Archdiocesan Council of Catholic Nurses.

Another member of our Advisory Board who has long been a promoter of nursing service in industry is Joanna M. Johnson, Director, Industrial Nursing Division, Employers Mutual Liability Insurance Co., Wisconsin.

Miss Johnson, a graduate of St. Mary's Hospital, Rochester, Minnesota, has been with the Employers Mutual for twenty-two years and has been field advisory nurse in various cities throughout the country.

Being the first nurse to be employed in the compensation field, she was instrumental in encouraging the utilization of industrial nurses on a broader scale than had previously been developed.

In addition to this work, Miss Johnson has been active in activities of the National Safety Council for more than twenty years.

Well known in the Industrial Nursing field, Mrs. Marion S. Mayne, Industrial Nursing Consultant, Division of Industrial Hygiene, Los Angeles County Health Department, has been most active in the educational phase of the nurses' program in industry.

She is at present teaching Industrial Nursing at the University of California.

A graduate of the Seton School of Nursing, Colorado Springs, Colorado, Mrs. Mayne received a B.S. degree at the University of California and did advance study in Industrial Nursing at Columbia University.

Mrs. Hazel H. Leedke, R.N., former Chairman of the Industrial Nursing Section, National Safety Council, and at present serving on the Executive Committee of The National Safety Council, is Supervising Nurse at the Thilmany Pulp and Paper Corporation.

A graduate of the Indiana University School of Nursing, Indianapolis, Indiana, Mrs. Leedke has held numerous positions both in the industrial field and in institutional nursing. She was institutional supervisor of an orthopedic ward, Riley Memorial Hospital, Children's unit of the University Hospitals, Indiana University, and additional experience includes school nursing and industrial nursing in the public health field.

For more than nine years, Mrs. Leedke was with the Refinery of the Shell Petroleum Corporation. Expanding her industrial nursing experiences, she organized and served as first president of Industrial Nurses, Calumet region (Gary, Indiana Harbor, East Chicago and Hammond).

A younger and outstanding nurse in this phase of professional nursing is Mildred E. Dunn, Supervisor of Nursing Service at Merck and Company, Inc., Rahway, New Jersey.

A graduate of Prospect Heights Hospital School of Nursing, Brooklyn, N. Y., Miss Dunn received a B.S. degree at Seton Hall College and an M.S. in Industrial Hygiene, Columbia University.

Previous to entering Industrial Nursing, she did Operating Room work, first serving as Assistant Supervisor, and then she became Supervisor and later Surgical Supervisor.

In addition to serving in a supervisory capacity at Merck and Company, Miss Dunn is a part-time Instructor in Nursing Education at Teachers College, Columbia University.

Having a vital interest in the developments of the nursing profession as a whole and most active in the educational activities of nurses, she also serves on the Committee of Ethical Standards, American Nurses Association and the Education Committee of the New Jersey Industrial Nurses' Association.

Highlights of the AAIN Convention

WITH the structure study and compulsory health insurance the important matters on the agenda, the American Association of Industrial Nurses held its 8th annual convention at Chicago, Illinois, April 22-29.

This convention was held in conjunction with the annual convention of the American Association of Industrial Physicians and Surgeons, with the general theme of the meetings being "Team Work in Industrial Health."

A comprehensive report of the proposed nursing organization structure changes as planned by the Joint Structure Study Committee was given by Margaret Lucal, of Willoughby, Ohio, a member of the committee. Following discussion, a motion was approved that a referendum vote should be taken by mail on the question of the preference of AAIN members for:

1. A One Organization Plan
2. A Two Organization Plan
3. Status Quo

An opinion vote of the members present favored a Two Organization Plan, as proposed by the Joint Structure Committee.

In considering the issue of compulsory health insurance, the members attending the convention voted unanimously for the following resolutions:

"WHEREAS, nurses in industry are deeply concerned with all measures that protect and promote the health of the American people, as well as that of the industrial worker, because his well-being and that of his family and community are inseparable; and

"WHEREAS, nurses in industry appreciate the values in voluntary prepaid plans that will make medical care available to our people in every area, both rural and urban; and

"WHEREAS, nurses in industry are actively participating in health programs initiated and maintained under our system of free enterprise; and

"WHEREAS, these programs have been a powerful factor in the achievement of America's enviable health record and will increasingly be a factor in its furtherance; and

"WHEREAS, the plans for voluntary health insurance have been widely extended and their provisions broadened, and are now at the portal of great achievement;

"NOW, THEREFORE, BE IT RESOLVED, That the American Association of Industrial Nurses goes on record as opposing any form of compulsory health insurance; and

"BE IT FURTHER RESOLVED, That the American Association of Industrial Nurses encourages the further development of the system of voluntary health insurance plans; and

"BE IT FURTHER RESOLVED, That the American Association of Industrial Nurses urges that in order for the program to be effective, all necessary nursing service be made as readily available as the medical care.

Six nurses who had been elected by the membership became members of the Board of Directors at the final meeting on Sunday, April 30. They are: Harold L. Althouse, R.N., Industrial Nurse, American Meter Works, Metric Metal Works, Erie Pennsylvania; Zuma H. Corbitt, R.N., Supervising Nurse, Continental Can Company, Los Angeles, California; Florence H. Duff, R.N., Head Nurse, Gulf Oil Corporation, Port Arthur, Texas; Margaret C. Zachary, R.N., Staff Assistant, The Chesapeake & Potomac Telephone Companies, Washington, D. C. and Hazel Beck, R.N., Supervising Nurse, Time Incorporated, Chicago, Illinois.

The convention voted to hold the 1951 meeting at the Chalfonte-Haddon Hall, Atlantic City, April 21-28.

At the convention banquet on April 28, James R. Ozanne spoke on "Let's Start Selling Industry Now." Mrs. Mary E. Delehanty, R.N., of New York, president of the Association, presided.

The convention luncheon was held on April 26 and was addressed by Reverend Michael I. English, S.J. Regent, Schools of Medicine and Nursing, Lovola University, Chicago. He spoke on "The Industrial Nurse and Government."

The final convention meeting was held Saturday morning, April 29, and was featured by a discussion on "Self Evaluation and Job Satisfaction for the Industrial Nurse." Miss F. Ruth Kahl, USPHS, Salt Lake City, Utah, was the discussion leader, and the speaker was Miss Dorothy Dockstader, Director of Placement Bureau, DePaul University, Chicago.

The convention program was packed with stimulating discussions on many important aspects of industrial nursing, with a number of the meetings held in conjunction with the industrial physicians.

Miss Happy B. Bruder, of Chicago, was convention chairman and Miss Ethel C. Burgeson was co-chairman.

L to R: Miss Ruth Kahl and Miss Winifred Davis, representatives of the USPHS, attending the 1950 AAIN Convention

Nurses, of the Continental Can Co., Los Angeles, attending the AAIN Convention, Chicago, breakfast together at the Sherman Hotel

L to R: Mrs. Mary E. Delahanty, President of the AAIN, together with the newly elected members of the Board of Directors, Harold Althouse, Miss Zuma Corbitt, Miss Hazel Beck, Miss Mabel C. Zachary and Miss Florence H. Duff

Occupational Dermatitis—
A Hazard To Industrial Workers

by W. Schweisheimer, M.D.

IN a large motor factory with 29,000 employees, 100 cases of dermatitis were observed over a six month period shortly after a change had been made in the gear cutting oils used for certain operations. Similar cases were observed in several other factories.

Drs. L. Schwartz and Barlow who have investigated these cases, stated that the offending lubricants were petroleum containing fatty animal oils in combination with 5 percent chlorine and 6 percent sulfur—a higher percentage of chlorine than in most chlorinated oils.

About 25 percent of the chlorine was given off in the grinding operations. A return to the oils previously used resulted in prompt disappearance of these skin ailments.

Cause of Increase

"The incidence of occupational dermatitis in our country has never been so great as at the present time, and the need for adequate prevention and control has never been more important." Such is the conclusion that was presented in a report by the Committe on Occupational Dermatosis and the American Medical Association. New industries and new materials have produced this increase.

Skin troubles produced by cutting oils, cutting compounds and lubricants are frequent and unpleasant. Cutting oils are essential in lubricating moving parts, keeping the cutting edges cool and preventing rust.

The lesions of cutting oils are usually on the exposed parts, the extensor surfaces of hands and forearms and on thighs and knees which are in contact with soiled clothes. Fine metal particles in used oil may scratch the skin, laying the foundation for both inflammation and infection.

Dr. Whitwell, in England, stated that chronic oil skin troubles mostly affect men who are dark in complexion and have much body hair. The rash is most commonly seen after wearing oil-soaked clothes. It may start after only two weeks' exposure.

Cutting oils, according to Louis Schwartz, are divided into two large groups, soluble and insoluble. Soluble cutting oils are diluted with many times as much water (1:100) and allowed to flow over the cutting operations.

They consist of sulfonated mineral and fatty oils, 60 to 95 percent; soap 5 to 30 percent, and volatile contents, 0 to 10 percent. Dermatitis is rare among workers using soluble cutting oils.

Insoluble oils are used mainly as lubricants. They consist principally of 55 to 100 percent of mineral oil, 0 to 30 percent fatty oil, 0 to 10 percent sulfur, and 0 to 7 percent chlorine in the form of chlorinated hydrocarbons.

According to the Journal of the American Medical Association, sedimentation and filtration are used in many plants to remove the chips and pasteurization to kill the bacteria. In plants where pasteurization systems are not installed, antiseptics can be used in order to destroy the bacteria in soluble cutting oils.

Rashes due to such infections were cut down in several Connecticut plants by changing the cutting oil used on the machines every month. Dr. James H. Biram thinks that possibly the use of the machine in some way changes the heavy cutting oil and encourages the growth of the rash-causing organisms.

Dr. C. L. Weirich sees a decrease in the health hazard provided the cutting emulsions are sterilized. Pasteurization may be used, but the use of disinfectants seems to have a more lasting value.

Sufficient Testing Necessary

The disinfectant used, must be sufficiently tested in order to kill the specific organism in the solution, Dr. Weirich explains.

It is almost impossible under ordinary conditions for the workers to avoid intimate contact with either the solvents or the cutting oils used in these operations.

Dermatitis from cutting oils, especially insoluble oils, occur more often than any other occupational disease of the skin, according to Dr. S. M. Peck.

If its incidence could be decreased, one of the most vexing problems of industrial nursing and industrial medicine would be solved.

For a long time, antiseptic agents have been used for the purpose of reducing the health hazards caused by coolants and cutting oils, and also for the transmission of germs.

Drs. Schwartz, Tulipan and Peck state that if soluble oils are re-used, they should be screened to remove metal slivers and sterilized to kill bacteria. They can be sterilized by heat or by the judicious use of disinfectants. Care should be taken that the antiseptic content should not rise so high as to act as a skin irritant.

The authors recommend that the oil should be changed frequently, at least once a week, and either discarded, or if it is to be reused, it should be screened to remove metal and filtered to remove obnoxious odors and neutralized to eliminate acidity.

Such filtration can best be done by recirculating the oil through a central system.

Other Recommendations

If this is not possible, the oil may be removed from each individual machine and carried to the central system. Additional antiseptics should not be added to used or rancid oils. Such a practice increases the irritating properties of the oil and is not necessary provided the oil has been filtered, neutralized and heat sterilized.

Insoluble cutting oils are sterile as far as bacteria are concerned. Soluble cutting oils usually contain many bacteria. They may contain metal slivers and, when the skin is injured by the slivers, the cut may be infected by the bacteria. A bulletin of the Massachusetts Division of Occupational Hygiene states that the "infection-preventing" value of most antiseptics which have been added to cutting oil is questionable.

Sterilization of oil was one of the means used by Drs. Carpenter and Clark to improve the absenteeism of workers. They reported on measures used by a plant that had worked 18,000,000 man-hours without a lost-time case of cutting oil dermatitis. The main precautions used in addition to the sterilization of oil, included splash shields, built-up floor boards, wash fountains conveniently located, protective cream, fortnightly cleaning and replacing of oil in machines. Those workers, susceptible to oil rash or similar diseases, were given jobs elsewhere.

In a plant, steel parts were machined in oil. The men had been having what they called oil pimples or oil boils. They were working in oil up to their elbows and washing it off with a solvent when they stopped work.

Most of the pimples were more or less superficial, but there had been also a number of deep infections. The question arose as to whether a man with a virulent infection of the skin could contaminate the oil solution with which he was working so that others using it might also become infected.

The Journal of the American Medical Association had the query answered by its expert. He called the condition described an oil folliculitis. It is a common occupational skin disease among workers with oil such as machinists and machine tool operators.

Oil folliculitis or cutting oil dermatitis is partly caused by infectious germs. Thus it would seem probable that the oil could be contaminated and if recirculated without sterilization could cause infection in persons working in it.

Opinions Differ

This opinion is not shared by the Massachusetts Division of Occupational Hygiene. Their report indicates that so-called oil pimples are produced because oil in constant touch with the skin blocks the opening of both the sweat and sebaceous glands, especially those associated with the hair follicles.

This mechanical blocking or plugging prevents the free flow of the gland secretions which consequently accumulate, harden and eventually cause local irritation.

Workers who become soiled with oils, greases and dyes, are likely to use the most available and most rapid-acting solvent to clean the skin without any consideration for the irritant action of the cleanser. Cleansers used by workers before going home have produced many cases of dermatitis.

Dr. L. Schwartz, one of the leading authorities in industrial health problems, feels that an industrial cleanser for the normal skin should have the following qualities:

It should be freely soluble in hard, soft, cold or hot water; it should remove foreign soil, fats and oils without harming the skin; it should not contain harsh abrasives or irritant scrubbers; it should be handy to use in cake form, or it should flow easily through soap dispensers if it is in granulated powder or in liquid form; it should not deteriorate or become insect-infested.

It was found that workers using cutting tools in grinding operations, who are exposed to the mists of chlorinated cutting oils, develop lesions on the face and on other parts of the body, similar to chloracne.

Drs. L. Schwartz and Frank A. Barlow advise, in addition to appropriate working clothes, that workers be provided with a protective ointment of the type which forms a water-soluble, oil-repellent film for use on face and neck. Showers after work should be compulsory.

It is claimed that the oils containing organic chlorine compounds have some technical advantages over other oils in certain cutting operations.

Proper Venting Required

If this is true and they must be used, then heavy cutting operations where oil mist is given off should be vented in such a manner that the vapors are carried away and do not come in contact with the worker.

Schwartz and Barlow further advise that the oil chemists of the plant should ascertain the ingredients of all cutting oils which are used and inform the safety director so that the workers may be adequately protected from those oils containing chlorine compounds.

J. T. Gresh, Safety Engineer and G. H. Jackson, Medical Director, Toronto, are convinced that oil dermatitis can be prevented through conscientious personal hygiene on the part of all people exposed to oil conditions.

In their case, they had adequate washing facilities installed in the department giving maximum exposure to a dermatitis condition. These consisted of wash stands with sufficient hot and cold running water coming from a mixing type faucet and as a cleansing agent a material was selected that is classed as a sulphonated castor oil.

Results of Experiment

The use of protective creams was abolished during this experimental period. The medical records indicated that the number of new dermatitis cases were 55 percent less during the last six months' period as compared to the first six months' period.

Gresh and Jackson stated that employees should not be expected to wash on their own time; time for washing (altogether ten minutes) should be granted prior to lunch, and at the end of the working shift.

Towels should be supplied to the employees for sanitary purposes, preferably made of cloth rather than paper. The authors found that cleansing agents made up of lanolin oil, mild wetting agents, and corn meal as a scrubber offer favorable results in counteracting dermatitis.

Application of a sulfonated castor oil or vegetable oil, to which is added a wetting agent and a mild non-irritant chemical cleanser, was effective in preventing industrial dermatitis. Such a cleansing agent prevents the defatting of the skin.

If exposure of the face and neck to fumes or contact with soiled hands is unavoidable, transparent hoods covering the head and neck may be provided. These can be made of cellophane, pliofilm, or other transparent resin film.

Some authors recommend periodic liver function tests every month on the workers. In addition to this, monthly dermatologic examinations should be made to detect early evidence of oil dermatitis.

Protective Ointments

Protective ointments are often the only available means of protecting the skin. They may be divided into six classes, according to Louis Schwartz:

1. The simple vanishing-cream type, which fills the pores with soap and facilitates the removal of soil when washing after work.

2. The type which leaves a thin film of a resin or wax on the skin and thus prevents the irritant from touching the skin. This class of protectives (ointments, emulsions, solutions) is sometimes called the "invisible glove" type; the films are water-soluble or water-insoluble.

3. There are protective ointments which cover the skin and fill the pores with a harmless fat to repel water-soluble irritants and prevent harmful petroleum from entering the pores. They consist mainly of lanolin and sufficient castor oil to make the lanolin spreadable. A small amount of perfume masks the disagreeable odor of lanolin and castor oil.

4. Other protective ointments on the market are those which contain a non-irritant chemical intended to detoxify the industrial irritant.

5. There are ointments which cause inert powders to adhere to the skin, forming a protective covering against skin irritants.

6. Protective applications can now be used against photo-sensitizing substances which contain such physical light screens as menthyl salicylate, esculin, quinine, anthranilates, and tannates.

Schwartz states that most of the protective creams, emulsions and lotions on the market are combinations of these six types of protective ointments.

Industrial Health News

New Safety Film Is Now Available

A new safety training film which should convince the most skeptical workman that it's smart to wear safety glasses was recently announced by the National Safety Council.

Titled "Easy on the Eyes," the film opens on an emotional appeal for workers to realize what their eyes mean to them, then shows how easily eyesight may be lost and that such loss is personal. The film shows what glasses are best for specific jobs, presents case histories of injured workers and the dramatic testimony of blind persons.

Three rules set the theme of the film—wear the right safety glasses, make sure they fit, and keep them clean.

"Easy on the Eyes" is available from the National Safety Council in the usual 35 mm sound slidefilm, but it also is offered in a new form for 16 mm sound motion projectors. The new technique, which combines motion pictures, still photographs and unusual optical effects, makes possible a film which approaches the motion picture in effectiveness at about one-third the cost.

Diabetic Employees Hold Satisfactory Work Record

About 250,000 diabetics are in the labor force in the United States, and the number is growing from year to year, the Metropolitan Life Insurance Company's statisticians report. Studies show that the work record of diabetics in industry is generally satisfactory as compared with non-diabetics.

The increase in the number of employed diabetics reflects their gains in longevity and also that, thanks to insulin, few diabetic children now die of the disease, but grow up to become productive members of society.

Most diabetic workers are over age 40 and are valuable employees because of their long service and experience. There is statistical evidence that the great majority of those under reasonably good medical care can do their job as well as non-diabetics, and as well as they did before the onset of the disease. Their absenteeism rate is little higher than that of non-diabetics and not much of the time lost is due to their disease. Their accident record is not unfavorable.

Workers who become diabetic seldom need to change their jobs, although in exceptional cases a shift may be desirable because of a change in the diabetic's physical condition. The guiding principle is that a diabetic should not be in a position where, as a result of insulin reaction, he would endanger the lives of others as well as his own.

Steps Taken to Control Water Pollution

Representatives of 22 of the Nation's leading industries concerned with solving difficult industrial waste disposal problems affecting the quality of the country's water resources have concluded a two-day conference with the Public Health Service, Federal Security Administrator Oscar R. Ewing announced recently.

The May 9-10 meeting resulted in the establishment of a National Technical Task Committee on Industrial Wastes. The Committee then drew up the broad outlines of an Industry-Federal Government approach to the control of water pollution caused by industrial wastes, and set itself three immediate tasks:

1. To assemble a source list of existing processes and practices employed in using, treating and controlling industrial wastes.
2. To assemble a tabulation of research projects concerned with utilization, treatment and disposal of wastes—those underway and those contemplated.
3. To provide a list which will define problems that confront a given industrial group and for which there is no satisfactory solution, particularly those which are common to more than one industry.

Exposure to Carbon Tetrachloride Fumes May Cause Blindness

Three cases of blindness developing in industrial workers exposed to the fumes of carbon tetrachloride are reported in a recent issue of the Archives of Industrial Hygiene and Occupational Medicine.

One man was employed in a plant making automatic razors, another as an electrician in an aluminum extraction plant, and a woman in a dress manufacturing establishment, according to Dr. Adelaide Ross Smith of the Division of Industrial Hygiene and Safety Standards of the New York State Department of Labor, New York.

In one patient, visual defects cleared almost completely after about a month of treatment, but in the remaining two only some sight had returned four and seven years after exposure, Dr. Smith says.

Scientific Tool for Evaluating Industrial Problems Now Ready

The United States Testing Company, Inc., announces the recent installation of an electron microscope. This is another step in the Company's program of providing the finest scientific tools for the evaluation of the problems of industry. Through this continuing program of advancement, industry will derive the benefits of knowledge obtained, at nominal cost, heretofore unobtainable with the finest light microscope.

The revolving power of the electron microscope is far greater than that of any light microscope due to the difference in wavelength between electrons and light. Thus it will now be possible to resolve specimens having diameters of less than one-half the wavelength of light.

The electron microscope has proved its worth in studies of particle size and structure, plastics, textiles, colloidal particles, crystals, viruses and bacteria, and many other fields. It has been responsible for many technological developments through its revelations.

Announcements

The University of Pittsburgh School of Nursing is offering a concentrated course for industrial nurses from June 19-30, 1950. Classes will be held each morning from 9:00 to 12:00 noon and supervised field trips for observation at industrial health services in this area will be arranged to meet the needs of the class. Two credits will be given for satisfactory work if the student is eligible for matriculation in the University. Students not interested in obtaining University credit may register on a non-degree basis. The tuition is $12.00 per credit. Immediate registration is necessary.

Lynn D. Wilson, Ph.D., announces the formation of the Wilson Industrial Hygiene & Research Laboratories, subsequent to the purchase of the physical assets of the consulting activities of the late Dr. C. O. Sappington, Chicago. A similar consulting service in industrial hygiene and occupational health hazards will be conducted; and in addition, consulting activities in the engineering aspects of remedial measures associated with industrial health problems will be available.

Miracles For Our Time

(Continued from page 268)

tweezers to remove ticks. Some families with dogs keep tweezers beside a bottle of alcohol. They immediately remove with tweezers every tick they see, and drop it into the alcohol. A tick may be touched with a cigarette or a glowing match to get him to let loose if he is feeding.

If the "head" is tightly fastened, you may need to lift it up with a needle gently. Painting the bite with iodine will prevent a local infection, but will not reach any Rickettsiae which are already in your blood stream. The fundamental points to remember are DON'T USE BARE HANDS TO REMOVE TICKS, and DON'T GIVE TICKS A LONG TIME ON YOUR BODY.

During Rocky Mountain spotted fever season, dogs bring ticks into the house. After the ticks have their blood meal on the dog, they will drop off in the house, and offer a hazard to people. Cases have occurred in persons who allow dogs to sleep on their beds. Ticks take this chance to leave the dog.

A dog-loving doctor quizzed the experts as to how to keep a dog in safety. One expert suggested, "Tie up your dog during tick season."

"Couldn't we immunize our dogs against Rocky Mountain spotted fever?" the doctor asked.

"That would be possible, but what would you gain?" Dr. Armstrong answered. "Rocky Mountain spotted fever isn't serious in dogs, so they don't need immunization for their own sake. Most dogs probably have the disease as pups, and are only off their feed for a day or two, so that you never know they had the fever. You aren't protecting yourself, because an immune dog can bring in a lot of infected ticks which will be highly dangerous to you."

Your final responsibility, in case you do become ill with early symptoms of headache, fever and body aches similar to flu is to call a doctor at once, and tell him you have been handling ticks or exposed to them. You will give him a chance to start the new drugs before it is too late for you to recover.

1949 Trained Nurse Index Now Ready

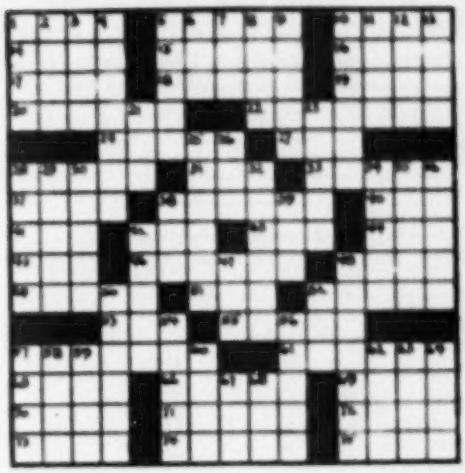
The 1949 Index for TRAINED NURSE AND HOSPITAL REVIEW has been printed, and will be mailed shortly to a large list of libraries and individuals who have requested this Index.

Readers who may desire copies for binding the 1949 issues may obtain them by request.

Medical Crossword Puzzle

By Alan A. Brown

(Solution on page 289)



ACROSS

1. Narcotic
5. Secretion of the sebaceous glands
10. Arsenic, protoactinium (symbols)
14. Electricity (abbr.)
15. Inner aspect of the gum
16. Prophet
17. Tidy
18. A fool
19. Withered
20. Preparation of vegetables with dressing (pl.)
22. Presence of air in the blood vessels
24. Contracted (prefix)
27. Fled
28. Having an agreeable taste
31. Abbreviation used on placebo prescription
33. Tubular passage (pl.)
37. Periphery of a vaccination lesion
38. Part of the eye (pl.)
40. Snare
41. Lithium, radium (symbols)
42. Liquid inflammation product
43. Fasten
44. Sodium, argon (symbols)
45. A blood vessel
46. Uncovered
48. Tube for passage of secretions
49. Man's name
51. The atmosphere
52. Hackneyed
53. Kidney (Lat.)
55. The itch
57. Passage of miscible fluids through membrane
61. A hump
65. A hussy
66. Discourage
69. Skeletal material
70. Sulfur, indium, iodine (symbols)
71. Globulin extracted from soy bean
72. Ore deposit
73. Derived from ammonia
74. A wise man (pl.)
75. English college

DOWN

1. A tooth
2. Oil (pl.)
3. Resound
4. Dilatation
5. A faculty by which conditions are perceived
6. Erbium, nickel (symbols)
7. A kind of cake
8. Bone of the forearm
9. A unit of heat capacity
10. Agree
11. Appear
12. Around (prefix)
13. Limited space
21. Give of such a dose (Lat., abbr.)
23. Elevate
25. Sickness at the stomach
26. Right occipitoanterior position of fetus (abbr.)
28. A thick ointment
29. Pertaining to the ear
30. Plasma
32. Measure of dilution (pl.)
34. Feeling of boredom
35. Respond to a stimulus
36. Crisis of a disease
38. Young dog
39. Cover
42. Opening of sweat gland (pl.)
47. Pinch
48. To draggle
50. Pertaining to lust
52. Three (prefix)
54. Focus of a morbid process
56. Monsters
57. Bones (Lat.)
58. Slender
59. Famous actor
60. Clear liquid in the blood (pl.)
62. Foot covering
63. Unloose
64. Perceived
67. Label
68. Pertaining to (prefix)

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Please Note

We have had requests for the March, July, November 1949 and February 1950 issues of TRAINED NURSE, and our own supply has been exhausted. Subscribers sending in clean copies of these issues will have their own subscription extended one month for each copy sent to us.

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EVERY LISTED PEDIATRIC SPECIALIST was questioned by an independent research organization about an article in the September, 1947, issue of the Archives of Pediatrics. These specialists were asked whether they agreed with the reprint material.

Of the pediatricians who believed their experience justified an opinion, 156—81.7%—replied yes to all three points in question.

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The East —

(*Continued from page 271*)

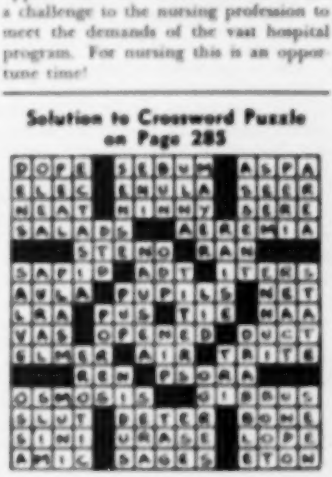
These samples of employment opportunities in the East and preceding "travelogues" on the West, South and North have sketched in briefly some typical backgrounds for nursing throughout the Nation.

At the beginning of the new year the Public Health Service had approved initially a total of 1,019 projects. These projects will provide nearly 50,000 additional hospital beds, and numerous supporting hospital services, such as power plants and nurses' quarters. They also provide 177 public health centers.

Projects have been approved in every State and territory. A total of 139 projects were completed and in operation, while 423 other projects were under construction. This is only a beginning!

There is no question that there are and will be many, many employment opportunities for nurses. There is also a challenge to the nursing profession to meet the demands of the vast hospital program. For nursing this is an opportune time!

Solution to Crossword Puzzle on Page 285



Convention News . . .

As the Texas Nurses See It

by Sadie J. Brown, R.N.

THE Texas Graduate Nurses' Association, the State League of Nursing Education, the State Organization for Public Health Nursing, and the Texas Student Nurses' Association, met at the American Legion Hall, Corpus Christi, Texas, April 11-14, 1950 in a convention that was characterized by cooperation, unlimited hospitality and definite accomplishment.

Photo Corpus Christi Caller

L to R: Miss Olga M. Breihan, Pres. TGNA; Mrs. Lola Bell, Pres. SOPHN; Miss Marjorie Bartholdt, Pres. SLNE; Miss Tina Faye Keele, Pres. TSNA

The pre-convention session of the Advisory Council of the Texas Graduate Nurses' Association resulted in two recommendations which were accepted by the Convention body without dissent. They were:

1. That if feasible, and a move from New York was made, some mid-western city other than Chicago be considered as a place for the American Nurses' Association Headquarters.

2. That the Institutes held by the General Secretary annually be given in each district this Fall and the program be developed after the Biennial Convention of the A.N.A. in San Francisco.

Institutes of this kind have been given in the State for eighteen years and the districts find them a valuable contribution.

Upon the request of nurses in Lufkin, Texas, and the surrounding area, the Board of Directors created a new district making a total of twenty two in the state.

At the first session of the Texas Graduate Nurses Association, the Committee on Legislation, which is composed of a State Chairman and the Chairman of each district, were empowered to meet with committees from the State Medical Association.

They also met with the Hospital Association, the Association of Privately owned Hospitals, the Board of Nurse Examiners, the State League of Nursing Education and the Organization for Public Health Nursing with the idea of developing legislation to regulate and control the practice and preparation of Practical Nurses. This Committee was instructed that the members of T.G.N. Association were opposed to any title other than practical nurse for such practitioners.

It is the hope of the members that this joint planning may be more successful than individual action by each group interested in such legislation.

The Structure Study Committee met and after some discussion of individual opinionaires submitted to the committee together with opinions expressed at the twenty Institutes, it was agreed that the majority of the Texas nurses were of the opinion that the present structure of the American Nurses' Association, with minor changes, was well designed to care for their needs, and do not approve the drastic changes proposed.

They do approve of two organizations provided the second one as proposed is approved by the organizations it is designed to replace.

Miss Margaret Arnstein, Chief, Division of Nursing Resources, Public Health Service, Washington, D. C. was the speaker at the joint meeting of all the Organizations.

She discussed "Counting your Nursing Assets," and pointed out that a survey was of little value unless its findings were used. She also revealed that many states were not using available information to the best advantage.

This part of the meeting was of great interest to all; a proposal for a state wide survey of nursing needs and resources was to be voted upon in the Convention. However, the proposal was lost by a narrow margin after some debate.

Time will tell whether the proponents of the motion are right in their opinion that nursing progress in Texas will be retarded as a result, or whether those opposing the motion are correct in their contention that we already know much about our nursing needs and resources and that our problem is to put our knowledge into concrete plans for action.

Officers elected to serve for the next two years were: President, Miss Olga M. Breihan, R.N., Director of Nursing Education, Baylor University School of Nursing.

1st Vice-President, Miss Daisy R. Moore, Director of Memorial School of Nursing, Houston, Texas. 2nd Vice-President, Sister Charles Marie, Director of Nursing Education, Incarnate Word College, San Antonio, Texas. Secretary, Miss Bobbie Loring, Director of Public Health Nursing, Galveston City Health Department, Galveston, Texas.

Directors: Miss Mildred Garrett, Di-

(*Continued on page 296*)

Officers elected to serve for the next two years are L to R seated: Miss Bobbie Loring, Sec., TGNA, Miss Olga M. Breihan, President. Standing: Sadie J. Brown, Dir., Frances Hulbirt, Dir., Helen Wright, Dir., Mildred Garrett, Dir., Daisy Moore, 1st Vice President, Faye Pernell, Dir.

ANA Settles Issues

(Continued from page 266)

men nurse sections—Massachusetts and Rhode Island.

For the first time, commissions for male nurses in the Army and Navy Nurse Corps loom as a future possibility, Brother Hartnett said. Objections of the surgeons general to conferring military rank on male nurses have been answered and they have indicated their willingness to support legislation for this purpose which will be introduced in Congress "at the strategic time," he said.

Summary

In summing up the highlights of this 16th Biennial Nursing Convention, I shall quote Miss Pearl McIver, president of the American Nurses Association, who so ably expressed what our attitudes should be in her opening address at the Biennial.

"Not all of the problems will be solved here in a manner that satisfies everyone. One of the fundamental principles of a democracy is that the minority accepts the decisions of the majority and, together, both groups try to make the decisions work for the best interest of all."

"There is a legend concerning an especially loved and respected Indian chieftain. When he became chief, the legend relates, he went deep into the forest and prayed thus to the Great Spirit: 'Don't let me judge one of my fellow braves until I have walked in his moccasins for two moons.'"

"In arriving at our decisions at this convention, let us try to put ourselves in the place of those who may not agree with our point of view. We may not exchange moccasins, but I am sure the decisions reached will be more objective if we try to understand opposing points of view and establish goals which will be of the greatest benefit to nurses, not only for today but during the years to come as well."

This message from Miss McIver, in her opening address, was well adhered to because as was expected there were definite opposing points of view resulting in an opening of new horizons. New geographical horizons and new mental horizons were gained. Geographical in the sense that we see more clearly the health needs of other lands and a broadening of our mental horizons resulted from hearing and participating in a free exchange of ideas regarding the pros and cons of vital issues that underwent discussion.

There were also definite goals established, chiefly:

1. After years of study and debate, the ANA voted in favor of the two-organization plan with reservations to protect the ANA's corporate status and limit the status of the joint board.
2. A Professional Code of Ethics together with a program of conduct for nurses employed in institutions which become involved in strikes was adopted.
3. The House of Delegates took action which urges all state and district nurse's associations to push a broad economic security program for nurses which will regulate salaries commensurate with the training and responsibilities required of professional nurses, minimum employment standards, malpractice insurance.
4. For the first time in 54 years of existence, the ANA voted to admit inactive nurses to associate membership on a national level.

Conclusion

This 16th Biennial Convention definitely was not just a revival of issues without a settlement. There was a concerted and carefully organized program to help nurses decide on whether they were going to pull together in a new type of Structure or retain the status quo.

And nurses are now pinning their hopes on the new structure that will find a formula whereby they can work together more effectively and at the same time receive additional support from the public.

With a number of programs in the legislative mill or in the making, such as malpractice insurance, licensure of practical nurses to aid the professional nurse, and the inclusion of nursing in prepaid medical care plans, nurses can look to the future with a more hopeful attitude.

There are other proposals in the making, too, but probably the most ambitious one comes out of the economic security program which will provide nurses with better salaries and employment conditions.

That we are entering a definite era of change in health services, and that the educational standards and practices of the nursing profession are changing, permeated the atmosphere of this entire convention.

Looking into the profession's convention history, there is strong evidence that there has been a vast change in the thinking of nurses since 1936, when the convention was held in Los Angeles. The theme of that convention was "Nursing as a Part of Community Health Services."

Paralleling that title with the 1950 convention we see that the theme has broadened to include "Health—A Unifying World Influence in which Nursing Accepts its Role"—a clear indication that our mental horizons have expanded considerably during the intervening years.

The main keyword, now seems to be *Unity*—that we nurses must stand together for the benefit of the patient, of the profession, and of themselves if we are to meet the challenges of the present and the future.

Miss McIver's salutatory message, in essence, contained something for us to seriously think about during the convention, to bring home with us, and something to remember at other conventions to come. What we need to do is to recognize that the things which unite us are infinitely more important than the things which divide us.

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Convention News . . .

WSNA Tries Group Dynamics

by Ruby El Hult

ON a wildly-storming day last January, with a blizzard ruining Seattle's reputation for mild weather, the Program Committee of the Washington State Nurses Association met to map out the program for the Annual Convention.

One of the questions posed by Mrs. A. Evelyn Burke, Program chairman, was how the techniques of group dynamics, tested out at a special workshop in the fall, could be used in connection with such a large assemblage as would be gathered at the Convention.

With the icy wind rattling the windows of Headquarters Office, the idea was hit upon of dividing the large convention group into several small groups for the discussion of major issues which would require vote in the House of Delegates.

The fact that the idea was born on Friday the Thirteenth, on that day which Seattle will long call "The Blizzard," had no sinister effect, for this revolutionary innovation of small discussion groups was one of the most successful features of the recent Convention.

As the Convention got underway in Spokane at the Davenport Hotel on Wednesday, April 12, members could choose from seven different "selected areas of discussion," and sign up to join the one which most interested them.

Dean Elizabeth S. Soule of the University of Washington School of Nursing, accepting the scholarship established in her name

The topics selected for discussion in this manner were: (1) Constitution and By-laws, (2) Budget, (3) Legislation, (4) Structure Study, (5) Washington Nursing Study, (6) Public Relations and Membership, (7) Retirement and Insurance.

On Thursday morning, a part of the opening general business session was given over to this experiment in group dynamics. At 10:30 a.m. the convention body broke up and reassembled in seven smaller rooms for an hour-and-a-half discussion period.

Group leaders—who had been asked in advance if they would serve—had nearly all attended the Leadership Techniques Workshop last October. Resource persons, also selected in advance, were chosen for their close knowledge of the problem at hand.

As it was understood that the groups were to report back to the general assembly, recorders were chosen in the groups to keep track of the discussion and to note "agreements reached and/or recommendations made."

It is indicative of what is most "in the wind" at the present time that by far the largest group met to consider the problems of public relations and membership.

In fact this group of sixty was too large for true group dynamics, as there was not enough time for everyone to have her say. The smallest group—on Constitution and By-Laws—consisted of thirteen members.

During House of Delegate sessions on Friday and Saturday, when a Committee report was given on one of these particular topics, the recorder was asked to supplement it with the report of the discussion group.

The discussion group reports augmented the Committee reports, reinforced their recommendations, and in some instances gave detailed comments on the work to be done.

As the Convention opened, leaders of the state nursing organizations met with representatives of the hostess district, Spokane, to look over the final program. L to R: Mary Ella Adams, Executive Secretary, Washington State Nurses Association; Vera J. Meeker, President, Washington State League of Nursing Education; Eleanore Gill, Chairman of the Arrangements Committee of District #4, Spokane, hostess district; Mrs. Audry W. Sanger, President of District #4, Spokane; Mrs. Lillian B. Patterson, President, WSNA

Budget

Following presentation of the 1950 Proposed Budget by Mrs. Dorothy Peterson, WSNA Treasurer, the recorder gave this report:

"The study group feels that the 1950 Proposed budget is reasonable and should be accepted. The membership should keep in mind that the expense of expanded programs or additional programs must be met by increased WSNA membership."

At the general session of the Annual Convention of the WSNA, nurses and student nurses of Spokane representing foreign countries gathered on the platform with Miss Ella Best, Executive Secretary of the American Nurses Association. Many were in costumes of their native land—or of the land in which they were born

The group had studied the large items of expense such as salaries and the *Journal*, and pronounced them satisfactory. The budget was accepted.

Legislation

It was voted to keep sufficient representation in the State Capital during the next regular legislative session (and during a special session if one should be called) so that WSNA may (1) watch legislative measures which have health and welfare implications for nursing and the public; (2) be present at Budget hearings in the hope that adequate appropriations may be made for nursing services in government agencies; (3) to make sure that statutes now on the books which regulate nursing practice will be preserved.

The study group reported: "In defining our responsibilities regarding legislation, we decided that all measures pertaining to health as well as nursing should be the concern of the nurses association. Our group felt we should set up machinery to keep ourselves active and informed." Ways of accomplishing the latter were suggested. A conference for district legislative chairmen was recommended.

Miss Ann R. Moore, Chief of the Public Health Nursing Division, Washington State Department of Health, accepting the naming of the Anna R. Moore Library in WSNA Headquarters Office

Structure Study

Report of the discussion group read: "Discussion was held on the study of structure with explanation of both plans. Reasons were given as to why all the national organizations, including ANA, are in favor of the two organization plan."

The group recommended that delegates to the Biennial be instructed as to the opinion of the WSNA House of Delegates.

After discussion of the cost to member involved in adopting the two organization plan, the House of Delegates went on record as favoring this plan, but left delegates free to change their vote in light of new developments and discussion at the Biennial.

Washington Nursing Study

Ways and means of implementing the many recommendations which are expected to grow out of the Washington Nursing Study was the subject of discussion of this group.

The study, sponsored by the WSNA and the Washington State League of Nursing Education, was made in February and March under the direction of Ruth I. Gillan, nurse consultant, U. S. Public Health Service, whose final report was completed about June 1.

The report of the Committee on Public Relations summarized the work carried on by Mr. Richard Poston, Seattle author and public relations counsel, who was employed by WSNA on a trial basis through the Washington Nursing Study and the Annual Convention.

The discussion group recommended "that the Association adopt and implement a public relations program which will meet the needs of the nurses of the State and hence help stimulate membership and activity in the professional nursing organization."

It was then voted that a public relations program such as outlined in the committee report be adopted as the policy of the WSNA, and that sufficient funds be allocated to employ a full-time public relations person.

Mr. Poston has now been employed on a full-time permanent basis as public relations counsel.

Retirement and Insurance

On recommendation of the discussion group, the WSNA Board of Directors was authorized to endorse (following ANA action at the Biennial) a liability insurance plan for WSNA members—(the term *liability* to be used instead of *malpractice*.)

The WSNA will (1) continue to sponsor the Harmon Plan, (2) investigate retirement plans of other SNA's, (3) accept the Blue Cross non-group contract plan, and (4) drop the matter of group life insurance.

More adequate information regarding insurance plans is to be disseminated to individual members of WSNA.

The discussion group which studied the proposed changes and additions to the by-laws reported: "Various points were clarified to the group's satisfaction, and we recommend the adoption of the

WSNA Tries Group Dynamics

(Continued from page 293)

proposed By-Laws as presented."

The revised by-laws were accepted as a whole by a motion that the old by-laws be amended by adopting the amendments proposed.

It was found, as the Convention progressed, that there was a minimum of discussion from the floor in connection with the items of business studied in the groups. As a result action in the House of Delegates was swift and decisive, characterized by a unity of spirit never before achieved.

Other committee reports were given, and new business brought to the floor, with the following important motions passed:

1. That the Joint WSNA-WSLNE Committees be perpetuated during the coming year. Joint committees were initiated at the Annual Convention in 1949 in order to integrate the activities of the WSNA and the League, in anticipation of changes in structure on the national level. Following an active year in committee work, the Committee on Committees recommended that the Joint Committees be retained.

2. That a brochure be printed regarding scholarship needs and administration of scholarship funds.

3. That yearly leadership conferences be held for officers of the WSNA, WSLNE, sections and districts, and for program chairman, to train them in the techniques of dynamic, democratic leadership.

4. That representatives from two committees and from the Private Duty Section meet to formulate the relative functions of the professional nurse and the practical nurse.

5. That an office nursing section be formed.

One item of new business was a request from the Washington State Medical Association asking that the WSNA go on record as opposing national health insurance.

Miss Ella Best, Executive Secretary of the American Nurses Association, who was a guest and speaker at the Convention, was called upon to explain the neutral position of the ANA in this matter and answer questions from the floor. At the final business session on Saturday the following motion was adopted unanimously:

"That inasmuch as the American Nurses Association, of which the Washington State Nurses Association is a constituent body, has after careful study and consideration, recently formulated a policy on the general question of medical care plans, it is the consensus of the Washington State Nurses Association, acting in convention at this time, that for the present it does not seem advisable or desirable without further study to adopt a policy differing from that of its parent body."

In order that there be no misunderstanding over the fact that the House of Delegates had voted unanimously to remain *neutral* on this question in line with the national policy of ANA, a five-page newsletter was sent to every nurse member of WSNA following the convention, giving a detailed report of the proceedings and background concerning the issue.

"Pillars of Strength"

Honored at the Convention were two of the outstanding nurse leaders in the State, Mrs. Elizabeth S. Soule, Dean of the University of Washington School of Nursing, who is to retire next fall; and Miss Anna R. Moore, Chief of the Division of Public Health Nursing, Washington State Department of Health.

"In analyzing our organizational structure," said Mrs. Gertrude Linn Sawyer, Vice-President of WSNA, "we find

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We feel that gratitude in the form of words of praise and admiration should be given while they may know our sentiments and enjoy them. Our friends, co-workers and counselors, Mrs. Elizabeth Sterling Soule and Miss Anna R. Moore, have been our pillars of strength and master hands of guidance to encourage us to push forward."

The Elizabeth Sterling Soule Scholarship was established to commemorate Mrs. Soule's contribution to nursing, and the library in WSNA Headquarters Office was named the Anna R. Moore Library in honor of Miss Moore's leadership.

Said Raymond B. Allen, President of the University of Washington who gave the keynote speech on the theme of the Convention, *Nurse: Citizen in Our Changing World*:

"These great ladies have earned the honor you have bestowed upon them; they deserve it in every way. Through the keen judgment of such leaders as Dean Soule and Miss Moore, nursing has won its way."

Succeeding Mrs. Lillian B. Patterson to the Presidency of the WSNA is Mrs. Nola Sheldon of Walla Walla.

As The Texas Nurses See It

(Continued from page 290)

rector of Public Health Nursing, State Department of Health, Austin, Texas, Miss Helen Wright, School Nurse, San Antonio, Texas, and Mrs. Frances Hulbirt, Private Duty Nurse, Corpus Christi, Texas.

Two directors who still have one year to serve are: Miss Faye Pannell, Director of Nurses, Parkland City Hospital, Dallas, Texas, and Mrs. Sadie J. Brown, part time Field Worker for T. G. N. Ass'n.

The Private Duty Section of T.G.N.A. featured a paper on "The Liability of the Nurse" after their business session, and the Industrial Section heard a discussion on "Socialized Medicine in Relation to Industrial Medicine and Nursing."

Lifetime Membership Conferred

The State League of Nursing Education conferred lifetime Honorary Membership on two Texas nurses for the first time in the history of the organization. They are Mrs. Harriet Sizer, formerly Director of the Fred B. Roberts School of Nursing, in Corpus Christi, Texas, and Mrs. Helen Lehmann, former Director of the Baylor University Hospital School of Nursing, Dallas, Texas.

The State Organization for Public Health Nursing held an excellent panel discussion on School Nursing, which is especially valuable at this time since recent legislation has made an increase in school nursing.

Social Activities

The social side of the Convention was not neglected, the local District Association and their many friends were most generous in their hospitality. Free bus transportation was furnished by the local transit company; boat rides on beautiful Corpus Christi Bay were available; auto tours of the city were provided and a Chuck Wagon Supper was provided for all in attendance at the Naval Air Station Commissioned Officers' Club, where a program of music and dramatic skits were offered for our enjoyment.

After selecting El Paso, Texas, as the site for the 1951 Convention, the five hundred in attendance saw another Convention recede into history.

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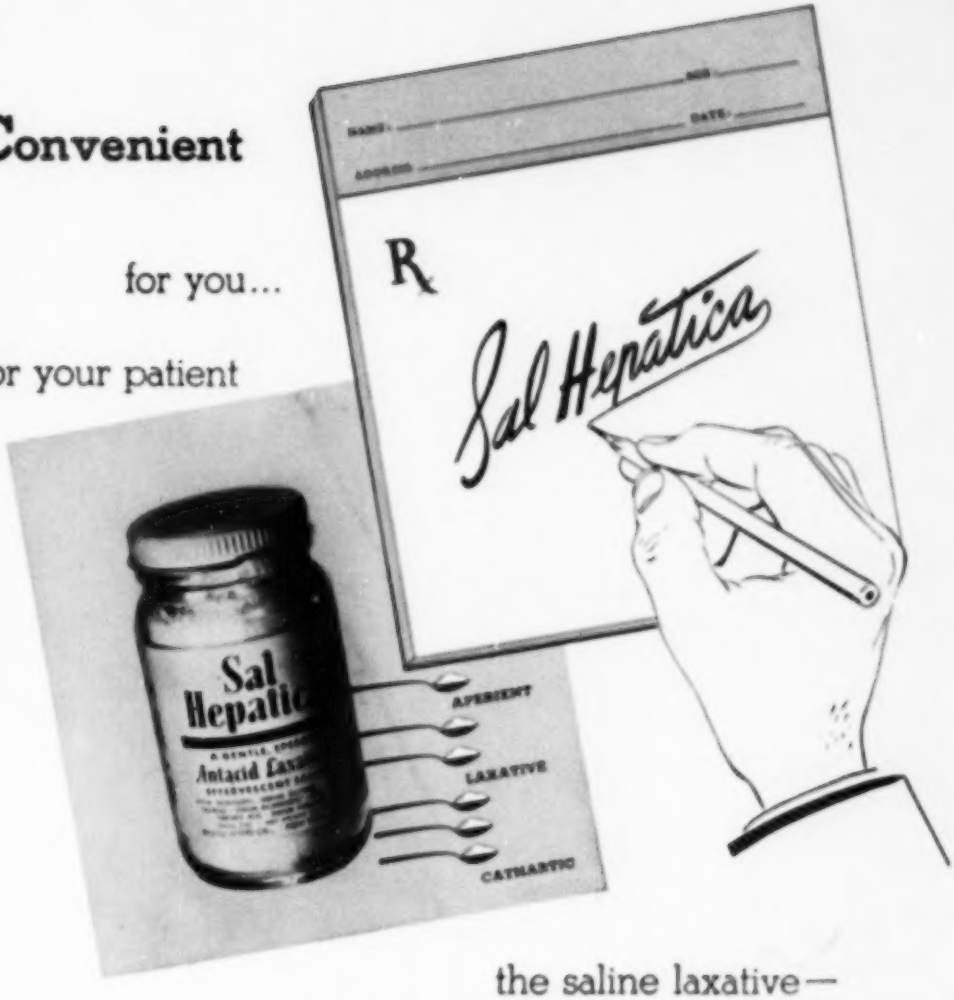

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